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EDITORIAL COMMENT



THE PROTECTIVE FORCES IN THE WORLD

THE subject of Bishop Brent's sermon to the nurses of the Guild of Saint Barnabas, delivered at the annual council in October, which we are privileged to publish in this issue, suggests a very beautiful thought for the Christmas season.

Bishop Brent refers more especially to the protective forces in the spiritual world, and he shows how the influences for good in the spiritual life predominate over the influences for evil. He also applies this principle to what we commonly call nature's wonderful tendency to restore rather than destroy life and health. We all know so well from practical observation that the tendency of sick people is to get well rather than to die, if conditions are made in any small degree favorable, and we see more and more, as science advances, medicine and artificial means being abandoned and, in the majority of cases, the patient placed under simple hygienic conditions where nature's laws may be left unimpeded to work the cure, with such aids as can be safely offered by good nursing, proper food, and cleanliness.

We see still another application to which Bishop Brent's idea may be very appropriately applied at this time, and that is in relation to the protective forces that would seem to have guarded the developing of the nursing profession, now fast becoming one of the greatest influences for good in the world.

It has been fifty years on October 21 since Florence Nightingale sailed from England on her wonderful mission to the soldiers of the Crimea, demonstrating to the world the influence of education applied to nursing, and from that day to this, as we look back over the first half

century, there would seem to have been a special protective force in the world that has carried the development of nursing always forward, until the hospitals of the civilized world have been transformed from places of misery and neglect to places of happiness and comfort. The poor in their homes in the great cities need no longer suffer or die from lack of care, and the rich receive a kind of service never dreamed of under the old régime, before Florence Nightingale applied the principles of education to nursing.

Groups of women have succeeded one another in carrying forward the work begun by this solitary pioneer, hardly realizing, many times, that they were a part of a great civilizing force: many dying in the service, others giving to it the best of their years, hundreds falling by the way for lack of courage and strength, but always there have been those who have taken up the lines and carried them on, in their turn, to higher planes.

In spite of every obstacle born of ignorance, of prejudice, of commercialism, of selfishness, of discord and friction, the protective forces have prevailed and the work has gone slowly and steadily forward—never backward.

To know what the future of nursing is to be is withheld from us, but we do know that each individual woman, however obscure, is a factor in the work begun so gloriously fifty years ago, and that according to the way in which she lives her life she aids or impedes the forces that are carrying forward nursing standards.

Naturally, at the Christmas season our hearts turn to the home, to the children who are dear to us, to our friends, to the poor, and to the lonely. The greatest lesson the Christian Church teaches is to give, to share with others the little we may have for ourselves. We need constantly to keep this principle before us in regard to our profession: to give, be it ever so little, whether of time or money, that the great whole may share in that which we possess, and that each one may become a part of the great unseen force that protects our professional life and is carrying it forward.

WHAT CONSTITUTES LEGAL RESIDENCE

In the administration of the registration law in the five States where it is now in force, no one point has given rise to more differences of opinion and mistakes than the question of what constitutes "legal residence" for a woman.

The bill of each State plainly shows that to enjoy its privileges a nurse must be a resident of that State, and that outside of that State the "R. N." really has no value.

Naturally, one supposes that legal residence for a woman is the same as legal residence for a man. We understand that a man's legal residence is where he pays his taxes and votes, or where his family live or where he has lived for a year and casts his vote. In point of fact, votes have to do with the rights of citizenship, not of residence; a man may claim the privilege of citizenship in California, going there only once a year to pay his poll-tax and vote, but he may be a resident of New York City from the fact that he lives and works there.

A woman is a citizen of the place where her father lives or where she was born; she has no right to vote, although it is her privilege to pay taxes if she owns property, but not a poll-tax, which every man must pay before he is allowed to cast his vote.

This places an entirely different interpretation upon the meaning of legal residence for women from legal residence for men.

According to the interpretation of the law in New York State a woman has only to live in the State for a short period of time, paying for her room and board, to claim a legal residence; or she may have lived and nursed at some time in the State and may show that at some future day she intends to return to live there, in which case she may be enrolled as a resident of the State.

If her home is in Canada and she has been trained in New York or is practising her profession and is now living in that State, she may claim legal residence. If her home is in Canada or another State of the United States, if she has ever done nursing in the State of New York, and is now in the United States army, or engaged in the practice of her profession as a missionary or in private nursing in any foreign country, and states under oath that she intends sometime to return to practise in New York State, she is granted legal residence; she has only to prove former residence and temporary absence.

And yet with so wide an interpretation of the law the number of mistakes made by nurses has been astonishing. The common mistake, and a very natural one, has been to give one's post-office address in New York and one's legal residence in Canada or some other State where she claims her home.

This error has held up hundreds of applications in the Regents' Office, and in the great majority of cases it has been found that the nurses making this mistake have lived and worked in the State of New York for long periods of years, ranging from five to twenty, and that many of them are charter members of the New York State Nurses' Association.

Nurses have not been called upon before to deal with such legal questions, and we are not stating these facts in criticism, but to clear

the way for those who may profit by the natural mistakes of others who have been the first to make application for registration.

Another common error in filling out the New York form has been for the applicant to entirely pass over some one of the questions, No. 4 being ignored by a great many.

This question reads, "Give the date and source of each credential which you hold, including both preliminary education and professional training."

When this question is not answered the Regents' Office and the Board of Examiners are led to believe that the applicant never attended school and has no diploma from the training-school in which in the following answers she states that she has had experience and practised her profession, and her paper is put to one side for further correspondence and investigation. She loses her place in the regular order, and it may be months before the mistake is rectified and her paper started on the rounds again.

In every State, no matter when or where, every question on the application form has a significance and value to the State and must be answered before the paper can be passed upon.

The nurses may not "see the use" of some of the questions, but the State has a use for all the information called for and wants just that, no more and no less.

At the best registration is a very slow process; the papers must pass through the hands of from six to ten people before the legal certificate, which is very like a diploma, can be engrossed and mailed to the individual applicants. The forms of application need to be filled out with the greatest care, every question answered and sworn to before a notary, before being sent to the registration office. This applies to all the States where the law is now in force, or wherever a law may be passed in the future.

QUESTIONS OF THE MONTH

IN connection with the subject of hourly nursing we have been asked if it is customary for district nursing associations, organized for the purpose of providing nurses for the poor in their homes, to make a practice of combining paid hourly nursing for those able to pay full rates with the regular district work.

Those associations that we know about do not do this, but it may be done in some places. We would like to hear to what extent the custom is followed and the opinion of nurses in regard to it. In cities where hourly nursing is carried on by individual nurses it would seem to be

quite unnecessary for district associations to undertake this work, and as hourly nursing is shown to be so very satisfactory, both from the point of health and income, there should be no city of any size where the services of hourly nurses could not be secured.

It would seem like a loss of individual freedom to have the nurses engaged in such work controlled by philanthropic organizations.

MORE DISCUSSION.

Another one of our correspondents begs for more and freer discussion on purely nursing subjects at all of our large general meetings, like the Associated Alumnae and State associations, and also that when the superintendents' meetings are held during the same week with the alumnae that the nurses in private practice may be permitted to be present and listen to the discussions.

With the exception of a short executive session the superintendents' meetings have always been open to all nurses and largely attended, but we are very glad to make the fact clear to those who have been misinformed.

The difficulty in the general discussion has been, in the past, that nurses would not discuss unless a programme was arranged and each one knew beforehand what she was expected to talk about.

We think the fault has been, however, in too many formal addresses, too many subjects, and too little time. Our correspondent says that the younger nurses want to see and hear the distinguished women in the profession, and that to many living in isolated places these great gatherings are the only occasions when they may hope to meet the older women who have been such a power in bringing nursing up to the present standard.

We know that many of the older women feel very strongly that it is time for them to give place to the younger generation, but we are inclined to believe the time has not yet come when either can do without the other. Our profession needs them all, and our national and State conventions, to be of the greatest interest, must bring together women of all ages and every variety of experience.

The next meeting of the Superintendents' Society and the Associated Alumnae will be held during the same week, one following the other, at the national capital.

Of all our great cities Washington is perhaps the most interesting in which to hold such a convention, and nurses should begin early to make their plans to attend. We are sure the programmes will be exceptionally interesting. Neither society will have an undue amount of official business,—no by-laws this year,—and it should be possible to give all the time to purely nursing subjects, when everyone may take part in the discussions.

The disadvantages of the open discussions is in the waste of time caused by members not being informed of the workings of the society, and consuming valuable time by asking questions in regard to matters that they should have informed themselves about before leaving home. The greatest good to the greatest number must be the rule by which such large meetings are governed.

INVENTIONS BY NURSES.

Another correspondent wants a full report of all articles and appliances invented by nurses. Here is a mighty subject upon which some nurse might distinguish herself by compiling a book.

It would require an immense amount of research, as probably no description of the most valuable of these inventions has ever been published. The exhibition of appliances at the superintendents' meeting at Pittsburg last year, nearly all the inventions of nurses, an account of which was published in the *JOURNAL*, with an occasional sketch in earlier issues, was perhaps the nearest approach to a beginning of anything that has been done along these lines.

The *JOURNAL* pages are open for descriptions and illustrations of inventions by nurses, and we think when inventions have been known to have been made by nurses who have died that special pains should be taken to record their work in this way.

PROGRESS OF STATE REGISTRATION

THE Colorado State Nurses' Association, which was organized in the spring, is now getting down to business along the lines of registration, and is at work now upon a bill. Rhode Island has organized, and we hope soon to hear that West Virginia is in line. The winter promises to be one of great agitation in the registration movement, there being, we have reason to believe, at the least thirteen States that will attempt legislation this season.

Whatever the outcome, the movement is one that enlightens and binds the workers more closely together, and success will come later, if not to all at the same time.

The Pennsylvania State meeting, which was held in Philadelphia the last week in October, proved to be a most successful and interesting occasion. The president, Miss Brobson, in her address stated that the membership had increased during the year from one hundred and fifty to over five hundred. In every part of the State where meetings had been held new friends had been made for the cause. Several county medical

societies had passed resolutions in support of the movement, and the Pennsylvania State Medical Society had not only endorsed the action of the nurses, but had offered the aid of its Legal Committee in the furtherance of the bill for registration. Miss Brobson spoke feelingly of the harmonious relations of the members, saying in closing that if the bill should fail this year, it would not be because of any discord within the Nurses' Association. Taken as a whole, the record for the year has been most satisfactory.

A number of State reports have come to hand just too late for insertion in this issue.

The Connecticut association met in New Haven on November 9 and had a splendid meeting. A bill has been drawn, circulated among the nurses of the State, and freely discussed. The association has been incorporated and is in a most flourishing condition.

The Illinois association held a meeting on November 9 in Chicago. A new bill will be presented at the next Legislature. A vigorous effort will be made to carry it through successfully.

The Graduate Nurses' Association of the District of Columbia is again to the front with a new bill before Congress.

The Ohio nurses are debarred from registration by the constitution of the State, which provides that only voters shall hold State offices. This makes a Nurse Board of Examiners impossible. Like the nurses of Louisiana, the Ohio nurses have first to obtain an amendment to the State Constitution, but they are not discouraged.

The announcement of the New Jersey meeting, on December 6, will be found on page 200.

NEW YORK EXAMINERS

The report of the New York Nurse Board of Examiners submitted by the secretary, Miss J. E. Hitchcock, found on page 197, should be read by nurses everywhere. No written report, however, can give any adequate idea of the work of the pioneer examiners in nursing. It has been an experience. The members are unanimous in feeling that the beneficial influence of the New York law upon the training-schools of the country can hardly be estimated. The fact that one State has established a legal standard of education for training-schools is influencing such schools in almost every State, and the most gratifying thing about it is, that this standard has been so cordially welcomed as giving a basis to work upon in organizing and reorganizing schools for nurses.

We want again to urge upon those graduates from schools that are not registered to courteously call the attention of the managers to the fact that training-schools in many States are complying with the requirements of the New York law. It costs nothing, and in many in-

stances where nurses are refused a certificate because the school is not registered it is found that the school is eligible but has not taken the trouble to apply.

School registration is not only necessary as a matter of justice to the graduates, but by this means we are getting down to a minimum standard of education upon which to build for the future.

Remember that nurses are doing this, and all must help.

THE NEW CLUB-HOUSE

THE new resident Club-House of the New York Hospital Alumnae, a description of which is found in this issue, is one of the most courageous business undertakings in the history of the profession. Club-houses are increasing, and if one group of women can make a success of a club-house, there is no reason why others should not do the same, and the days of living in "rooms" and taking one's meals in a haphazard way are, we hope, soon to be of the past for nurses.

The most beautiful thing about the New York Hospital Club is the tribute paid to Miss Irene Sutcliffe in making her a life resident of the house—"with her place at the table always ready." Miss Sutcliffe is one of those who sacrificed her health for her profession, and although she has a home with her sisters some distance out of New York, to always have a place in the home life of her nurses will keep her heart young as long as she lives. We congratulate Miss Sutcliffe in having trained so splendid a body of women, and we honor the New York Hospital nurses for the appreciation shown, by this action, of the woman to whom they and the profession at large owe so much.

THE NEWS-LETTER

THE Guild of St. Barnabas is to again issue the *News-Letter*, the editorial management being undertaken by Mr. Bishop and Miss Mary Sargent. The first issue will be one of two thousand five hundred copies, which will be mailed to every member of the guild. The subsequent issues will be mailed to regular subscribers only. If this official organ of the guild is properly supported by the members it certainly ought to be a success from a business stand-point, and nurses certainly know enough about money matters to know that nothing is worth having that is not worth paying for.

There is a place for an active religious magazine for nurses. The growth of nurses' work in the missionary field alone demands an organ

devoted to that portion of the work, where the details of this especial branch may be given more fully. The subscription price is to be fifty cents a year, payable to Mr. Gerald Viets, St. Stephen's House, 2 Decatur Street, Boston, Mass.

We wish the *News-Letter* every success, and our pages are open to the editors for any announcements that they wish to make until such time as the new magazine is fully established.

A HISTORY OF NURSING

NOTHING is more needed in the nursing profession than a full and complete history of nursing, reaching back into the obscure ages and coming down to our own time.

Such a book should be in every library, and every nurse to be graduated should be taught in outline something of the conditions out of which our present system has been evolved, that a more comprehensive knowledge of what has been may be understood, that plans may be more intelligently made and worked out for the improvement and development of nursing in the future.

Such a book, to be of real value, must be written by a nurse, and we are happy to be able to announce that already the work is commenced. For more than three years, to our personal knowledge, Miss M. A. Nutting, of the Johns Hopkins Hospital, has been collecting material for this work, and hopes that it may be ready for publication sometime during the coming year.

Those nurses who have been privileged to hear Miss Nutting's talks on the history of nursing at Teachers College and elsewhere have some idea of the treat in store for the profession when her book is finished.

CHRISTMAS GREETINGS

To the hosts of new friends whose faces we have never seen, and to the scores of old friends whom we may not reach in any other way, we send Christmas greetings.

May the Christmas time bring some unexpected joy, and may the year, as it passes, leave no memory of heartache.



THE PROTECTIVE FORCES IN THE WORLD *

BY RT. REV. L. H. BRENT

"Therefore sent he thither horses, and chariots, and a great host: and they came by night, and compassed the city about.

"And when the servant of the man of God was risen early, and gone forth, behold, a host compassed the city both with horses and chariots. And his servant said unto him, Alas, my master! how shall we do?

"And he answered, Fear not: for they that be with us are more than they that be with them.

"And Elisha prayed, and said, Lord, I pray thee, open his eyes, that he may see. And the Lord opened the eyes of the young man; and he saw: and, behold, the mountain was full of horses and chariots of fire round about Elisha."—2 Kings vi. 14-17.

THERE is a prominent significance to this beautiful incident, which, redolent with faith, is wafted to us from the far distance on the strong wings of spiritual history. The significance is so apparent that the incident itself preaches the sermon: to wit, the protective forces in this world, of which we are a part and in which we live, exceed in number, in strength, and in beauty the forces and tendencies that make for destruction. This is an old truth, a truth which was recognized in the early days of Christianity in a wonderful way. In those days when men were expecting the speedy return of Christ they could hardly look at the passing cloud without thinking that He who had gone from them a short time since was to come again, and perhaps at that moment the cloud might unfold and reveal the Son of Man coming in glory.

This material world is continually speaking to Christians of the spiritual world that is behind and within, and, of course, the very moment we speak of a spiritual world we speak about the great forces that make for life, for health, for joy; but, old as this truth is, we need to insist upon it in our day of analysis, of extreme realism. Why, men are so honest that they are eager to get at the very bottom of fact, no matter how ugly fact may be when they arrive in its presence. To-day the old landmarks on all sides are being uprooted and some of them removed. The Creed, the Church, the Bible, are in a state of constant siege; and as for our moral being, how it is undergoing constant assault! We think of the power of environment to pull down, and we think far more of its ability to pull down than to build up. There is that awful word "heredity;" why, it suggests an avalanche composed

* Address before the Guild of St. Barnabas for Nurses, in the Church of the Advent, Boston, October 3, 1904.

of the sins of our forefathers coming down upon our heads to crush us and prevent our aspirations from reaching achievement.

Turning from that which is within to the physical being, is there not the same condition prevailing? We are taught by science that we are surrounded by minute, determined foes, always eager to lay hold upon a weak spot, always ready to inflict some penalty upon our physical being. We can hardly turn round without having to face some very definite physical risk.

Do not mistake me; do not suppose for one instant that I am antagonistic to that splendid exhibition of courage which men have who are eager to get at the bottom of things and to discover facts; do not suppose that I mean that this analysis is bad. Far from it. Although there is such a thing as destructive analysis that has no forte of building up, yet, for the most part, I venture to believe that the efforts of those who are sifting everything are preparatory, at any rate, to the introduction of something that will aid life and make it stronger and more joyous; but the effect upon the popular mind of the conditions of the day and of the temper which holds most men is to lead them to suppose that the forces that make for destruction are greater than the forces that make for life. Whether in faith, morals, or the physical world, many of us believe that they that be with them (our foes) are more than those that are with us. The honest investigator who is conducting a reconnoissance against the enemy is eager to secure the stronghold and gain all the knowledge he is capable of acquiring, so that he may lay his plans accordingly. But many people surrender themselves to a kind of fatalism; there is no good in fear, so they say; but more and more fear weakens; their struggles against environment and heredity are too strong for men; the physical forces of resistance are lowered, so that the first foe that comes along is able to gain a foothold in their being, because we are all so filled with alarm. Now, it is necessary that many of us should have our eyes opened, just as the eyes of that young man were opened by the prophet, that we may see not merely the foes that threaten, but that we may see God's forces which protect us—those vitalizing energies which God would have us make use of. It is a matter of life and death with some that this should be the case. Don't you know some people who should know that truth in order to use rightly the physical functions that are impaired, not because there is any radical disease, but because there is a fear, which has weakened the whole character, and the body also? And I say that in other cases where, perhaps, it is not a matter of life and death it will mean added effectiveness, new power, if we perceive with clearer vision that life is more abundant than death, that joy is fuller than sorrow, and that

health is nearer than disease. Danger is, I suppose, a necessary spice of life. He is a poor sort of a man who does not from time to time flip his fingers in the face of peril, but only the men and women who have a deep and full consciousness of God's horses and chariots of fire about them are capable of triumphs in the midst of such peril; so we must reflect upon the fact that the dominating force in the world is life, not death; and more than that, that it is all on our side; that "they that be with us are more than they that be with them;" otherwise it is quite obvious the universe would disintegrate—it would not hold together for a moment. It is because God has so adjusted the natural forces that the universe continues its course, and that we are able to hold our footing therein and to live our life and fulfil our vocation.

It is already, I imagine, quite obvious why I have chosen this subject. Are not a large number of those before me to-night called by God to open the eyes of those who as yet cannot see that the city is surrounded by the hosts of the Most Holy and the Most High? It is the function of the men and women of God to open the eyes of the blind; it is the function of a preacher not so much to defend by subtle argument the attacks that are made upon Church and Creed, as to point out all the majesty and power and life-giving vitality that is enshrined in these. Negative defence is not what the prophet attempted when the Syrian hosts came against the city. He turned to the hosts of God; they encompassed the place where he dwelt. And so, I say, it is the part of the preacher to point to God Himself in the midst of the Church—to truth unfolding itself in a practical way in the life of the individual. It is for the preacher always—no matter if he is speaking boldly against vice—to sound his warning, lifting people up to the throne of righteousness, which is their inheritance and their right; and in like manner it is the function of the physician and nurse to open the eyes of the sick to all the life-giving forces that lie about them. He who fights merely with technical skill and knowledge is using only half the power at his command; on the other hand, he who uses faith without means—without those triumphs of science of which we are so sure—is degrading faith into superstition. He who fights against the discoveries of science is fighting against God; but it is for the physician and nurse to combine the two.

Now, only those who have a vision can give a vision; the goal of the blind, whether he be leader or led, is always the ditch. And how we should remember this—we who are so responsible for the health of our fellows; we should remember that the power to open the eyes of the sufferer to a vision of the vitalizing forces that lie about cannot be donned or doffed like a uniform, but is a fruit of the character. Take

the spiritual skill and put it where it will be hand-in-hand with the scientific knowledge of to-day, and what a tremendous force we have. It is not so much what a person says or does, but the atmosphere that is created. A spiritual personality will create a spiritual atmosphere. A person who is thinking truth will impart a vision to the patient without, perhaps, saying a single word. My mind goes back to my island home, and the sweet face of a patient, industrious nurse rises before me. She is giving her time to those savage people among whom she lives with self-sacrifice, righteousness, and joy, and her skill is effective; but there is something more than her skill that is working among those natives, though she is unconscious of it. We see how her spiritual vision is imparting to those people something that gives them a new brightness and power. So I say to those who have this wonderful vision, to see to it that they do not merely depend upon what is scientific, but, oh, depend above all upon Him who is the incarnate Wisdom, who is the Source of vitality, who is Life!

The ideal of a hospital is what? It seems to me it is this: a place where, first of all, there shall be a new cheer in the waiting-room. What a place of anxiety that waiting-room is! Haven't you felt it so when you have gone into the midst of sufferers who have been waiting for examination? Suppose a person with wise personality were to be put down among the patients, telling them of Christ in the hospital—Christ, the power that stands for life; suppose one were to bring into that waiting-room such information, such an opening up of spiritual things, such a vision, as would enable the patient to perceive the hospital encompassed with horses and chariots of fire—that medicine would score new triumphs hitherto unheard of. Ofttimes where there is a minimum of technical knowledge and a maximum of faith the patient recovers beyond the expectation of those who are waiting upon him; on the other hand, how often a patient has slipped away and gone beyond this world when we have been quite conscious that that person had no business to die. And why? Because he had not a power to enable the eyes to perceive the horses and chariots of fire. If matter has power over mind, if environment affects character, then the converse is equally true, that the mind has power over the body. This is a doctrine that has been pressed to such an extent as to be extremely dangerous, but the true remedy is, not to react into medical materialism, but to take what is good from this doctrine and place it in the shrine of the triumphs of medicine and surgery, and insist that faith and skill, that science and belief, should work hand-in-hand. In our day of materialism it is a matter of vital importance that we who know spiritual things should endeavor to spiritualize the material: and I am going to give you two

practical, simple illustrations of what I mean—bring the horses and chariots of God right into the midst of common life.

Take the old, sweet custom of saying a grace before meals; it is no mere bare form; it is a steadfast opening of the whole of the nature, so that we may draw from God's garners the most they have to give; and if the spiritual power of such a prayer before meals were realized, how little gluttony and intemperance there would be, and how much more mental energy would we gather from the food that comes from God's hands.

Once again: there is a moment that comes at least once in every twenty-four hours when nature gives us a great opportunity to exercise a most splendid faith, and that is when the day's work is over, and when sleep—the sweet tide of sleep—catches us in its embrace. Sleep is faith's daily opportunity. We take ourselves, prior to the closing of our eyes, and we lay ourselves in God's hands by a conscious prayer, asking God to wrap round us all His vital forces and to care for us through the hours of darkness.

"God, who made this earth and heaven,
Darkness and light;
Who for toil the day has given,
For rest the night."

God expects us during the day to expend our forces; yes, and to open ourselves to anxiety, it may be; but when the day is ended God expects us to lay both ourselves and our burdens in His arms, so that worry by night is more of a weakness than many of us realize. Your work is not going to be done any better to-morrow by virtue of your worry and anxiety by night.

I don't want you to think that it is possible always, at all times, to lay aside our cares with our clothes, but I do say this is the normal thing to do, and it is a habit into which we should grow; it is a spiritualizing of one of the common things in every twenty-four hours.

There is a storehouse of energizing forces with its doors wide open for us to enter and draw therefrom to clothe our nakedness and feed our hunger.

Yet a time will come when all the skill and faith that can be exerted will be insufficient to meet the enemy, when the arch-fiend, Death, will swoop down upon us; perhaps it will be at the close of a long career; perhaps, when under the strain of some great, unselfish act, we expose ourselves to the forces that make for death; perhaps it will be hidden in a mystery that we cannot fathom; but the day will come when the forces that be with them will *seem* to be greater than the forces that be with us; but it is only a seeming. You and I have seen the mark of

recognition on the face of some dying friend; and those of us who to-day place our feet firmly on that fact, that the greatest and fullest fact in life is God, those of us who do strive to gain a clearer vision of God's protective forces, will at last, when our moment comes to cut the thread here and go beyond, find that the horses and chariots of fire are waiting on the other side of the grave to carry us up into the presence of Him who is our Creator, our Joy, and our Life.

May God in His mercy grant His richest blessings upon the Guild of St. Barnabas; may He enable all its members to stand by this great fact: that life is the triumphant force, and not death; that we need not fear, even though we walk in the midst of peril; because he who hath put his trust in "the Most High shall abide under the shadow of the Almighty."

OUTSIDE THE HOSPITAL

THE tall gray building rears its massive crown,
Silent and splendid; all the lights are low,
And passing underneath I seem to know
That through the long, white ward moves up and down
With soft, firm foot and scarcely whispering gown,
Some nurse, as silent as the winds that blow,—
The hushed night winds that wander to and fro,—
With words of comfort for the weary town.
Outside the lighted windows of the ward,
Beyond the peaceful silence and God's sleep,
Torn by a bitter conscience' keen-set sword,
Stabbed by an age-old sorrow driven deep,
How many wounded through the darkness steal—
Hearts that no herb nor any hand can heal!

WILL H. OGILVIE in the *London Outlook*.

WE get back our mete as we measure—
We cannot do wrong and feel right,
Nor can we give pain and gain pleasure—
For justice avenges each slight.
The air for the wing of the sparrow,
The bush for the robin and wren,
But always the path that is narrow
And straight for the children of men.

ALICE CARY.

WHAT MADE LIFE WORTH WHILE

By LUCY RIDER MEYER, A.M., M.D.

Chicago, Ill.

It was Helen Van Voort's last month in the nurses' training-school—indeed, almost her last fortnight, for her long course would be finished December 20. She had thought to come to the end with great exultation; but suddenly life—especially a nurse's life—was turning not half worth while. Oh, yes, it had all been fine—the drill, the discipline, the science of it. Why, the three years had been equal to any three in college. But now nursing! *Just* nursing! Coddling rich and finicky people—she had been on “special duty” for three months—that other nurses would have coddled just as well if she hadn't been there! The outlook staled upon this girl, “the best nurse in the class,” as Miss Lenstill, the superintendent, was reported to have said to the board president.

Then something happened. The new assignments for nurses' work were read, and Miss Van Voort suddenly found herself snatched off her “special”—just at the crisis too—and plumped down in the Children's Ward. What could it mean? Venom, somewhere, she was sure. Common floor-nurse too—not even head. Just washing and dressing the babies and looking after the boys and girls, work any probationer could do. She, who had gone steadily through all the grades, and had kept the amphitheatre clinics longer than any other nurse ever did—the amphitheatre with its great lecturers and its three hundred “medics.” How she had enjoyed *that* work! What a delight of life it had been to walk calmly in among the crying women and half-frantic men waiting in the anteroom and bring order and confidence out of the chaos. “Hurt you? Well, maybe they will, a little. But it's to make you well! Think of that!” she would say. Or maybe it was: “Before the people? Yes, but they are all learning to be doctors. You needn't be afraid of them. And then”—with the air of telling them a delightful secret—“you don't pay anything, you know!” How she had loved to see the trembling smiles come back—to have these poor people cling to her, trust her. Ah, life *was* worth living, those days.

But now the babies! Well, she was glad, at least, that she hadn't flinched. Nobody should ever know how it had hurt her—not the nurses with their half-pitying, half-curious eyes—and least of all Miss Lenstill. Not a pulse had fluttered, not an eyelid quivered. That was the self-control training had given her, she gratefully thought. She had

stood steady in an ether collapse once—she smiled to remember how she had to take the “hypo” from the interne’s shaking fingers, for seconds meant life or death—and she stood steady now. At any rate, there would be no bloated bondholders among the babies, for it was in the free department. And the caustic “Why?” that still rankled she met with a grim parody:

“Theirs not to make reply,
Theirs not to reason why,
Theirs but to do or——”

She was deep in dressing-basket, scales, and babies the next morning when, “Miss Van Voort, Miss Lenstill would like to see you in her room.” The summons came in exactly the middle of the fifth baby.

Helen walked slowly down the long corridor, and there was not the slightest flush on her cheek as she stood, a model of respectful attention, at the superintendent’s door.

“You sent for me, Miss Lenstill?”

“Yes, my dear.” The voice did not sound at all venomous. “Frank Street Church has sent fifty dollars for the children’s Christmas, and I want you—— You see, the head nurse down there hasn’t a particle of time for such things”—which was well put, for both ladies knew that she had not a particle of tact, either—“and I want you to manage it. Do anything you like. Only—if you are willing—I’d like to have you report to me—here, Monday, at three. You see I don’t want to be left quite out of the fray.”

Miss Lenstill never knew why the color flamed up into the nurse’s cheeks so suddenly just then. There was a little further talk, and Miss Van Voort took her departure. But she stepped buoyantly down the corridor, her feet keeping time remorsefully to the contrasting rhythm, “Venom! Venom!—Milk of human kindness!”

Three o’clock in the Children’s Ward, and the routine work for the day was over. Bandages had been changed, little bodies cared for, little hearts comforted. Now Miss Van Voort stood in the middle of the boys’ room, paper and pencil in hand.

“Children,” said she,—how bright she looked, fairly exhaling happiness. Every feverish and crippled child looked at her and expected something good,—“children, Christmas is coming!”

“Oh, Christmas! Hooray!” cried Tommy Mulligan, bobbing his head up and down on the pillow. It was about all he had to bob, the rest of him was bandaged tight. Half the boys in the room took up the cry, and all were happy. Blue-eyed Carl, with both legs held fast in “casts,” danced a jig with his elbows, and Willie made things lively under the white bedspread with his one leg. The other leg? Ah, that

was why he was in the hospital. Little Peter Lidderinski had never heard of Christmas before, but all the other boys hoorayed, and so he did—all but the little fellow in the corner cot. He lay quite still, smiling a little.

"But now I'm afraid," continued the nurse, "that Santa Claus may not know just what to bring us. I'm going to write him a letter. Do any of you want to send him any word?"

Every one of them did, of course, and Miss Van Voort's letter, to which, with the consultations and much advice, she gave the next two hours, grew bulky and many postscripted. She took the pathetic medley to the superintendent's room on Monday with a moistness about her eyes and a tender smile unbending her lips.

"I've such a list, Miss Lenstill. I hope the fifty dollars will hold out."

"We'll make it hold out. Read the list."

"Well, every boy wants a knife, to begin with, and every girl a dolly. Then Willie, the street-car case, wants 'two crutches with fuzzy red cushions.' Red velvet, he means, I suppose."

"Poor little chap! They'll make him such a hero with his chums that he'll hardly miss his leg—at first. But go on."

"Peter wants 'sixty great apples.'"

"What put that particular number into his head?"

"I think he'll put the apples into his stomach all right, once he gets them. He's chronically hungry. I think he never, in all his life, had enough to eat till he came here. Then Edward wants a puppy-dog that will catch rats. It seems he has a sick mother at home, and she can't sleep nights because—but it's too dreadful to tell."

"I can guess it. Go on."

"Skates, several pairs, and a train of cars—this last from Timothy, the tiniest boy of them all. It sounds Vanderbiltish, but I think he wants his cars done in tin. Then here's a red wagon to draw papers in—Louis is a newsboy."

"And the girls?"

"Oh, dollies galore, and of all complexions." Helen turned over the leaves of her note-book. "And a 'piece of b'ue wibbon,' and a penny, demanded by one avaricious little soul. And a doll's bed. And Nellie doubtfully wanted 'som'fin' to curl my hair on—an iron ring, you know.' I assured her that Santa Claus was up on all kinds of hair-dressing. And one little midget wants a 'ittie g'een turtie'—it seems she had a little green turtle once, and loved and lost it. And Mary wants a very warm shawl for her paralyzed sister at home. But Hettie—you remember the little typhoid? She's going home to-morrow and was

crying when her turn came for fear Christmas wouldn't come to her home. She says it never did. I reassured her and coaxed her heart's desires out of her. Her mother is long since dead, it seems, and Hettie wants Santa Claus to bring her 'some 'tatoes and a mamma!'

The children had a magnificent Christmas-tree in the great ward, windows darkened and myriads of little electric lights twinkling in the dark foliage. Everyone had his wish, though Florida had to be scoured for the "ittie g'een turtie." The silent, smiling child in the corner cot? His gift had come a week before Christmas—a little white coffin and a spray of lilies in the waxen hands. But Helen told the other children about the good times folks have up in heaven, and they were all very happy for him.

Then, in the five days that intervened between Miss Van Voort's release from duty on the twentieth and the Glad Day, she visited the homes of the little ones. Oh, how much there was to do in them—what a world of work for someone's hands! Into Hettie's poor little home went, if not a "mamma," at least the "'tatoes," and the word meant everything good to eat and wear, and orders for a ton of coal besides—in baskets, it had to be, there was no basement in the house. And Edward's sick mother and Mary's paralyzed sister received such care and comfort as only a thoroughly trained nurse knows how to bring into the homes of the very poor. This life worth while? It was the red wine of intense happiness.

"My dear child, you ought to be a deaconess nurse," said Miss Lenstill to Miss Van Voort on Christmas evening as they were talking it all over. "It's a beautiful work. I should be doing it myself, only—there's a family reason."

Her face whitened. Helen had heard before of the dear mother in the asylum.

"A deaconess! Oh, they're so stiff!"

"Not in this country—not the order I know about. You mustn't judge them by the old sisterhoods."

"But the vows?"

"There are none. Its members are as free as air—they stay in the work only as long as they want to do so. Don't you see, Helen, it's simply a chance to do all the time just the work you have been doing these few days?"

"Oh, I'd like that. But——"

"My dearest friend is a deaconess, over on the East Side of the city. At least, go over and talk with her."

Helen went.

**A NEW CRANFORD: BEING A MORE OR LESS TRUE
ACCOUNT OF AN EXPERIMENT
DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST
UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING**

BY ISABEL McISAAC

Late Superintendent Illinois Training-School, Chicago

MANY and varied are the problems arising from the "New Woman" question, but of them all none comes nearer the nerves than that of the homeless wage-earning woman who is passing or past middle life.

The present generation is only now beginning to realize that "the proof of a pudding is in the eating," and while this pudding has much to commend it in generous size, shape, and color, there are not a few who find grievous fault with its flavor and digestibility. In every city and town of the Republic may be found large numbers of teachers, doctors, nurses, and business women who are practically homeless and in most cases unsatisfied. I do not include the Grand Army of Selfish Ones who are too indifferent to keep their homes, but mean the women who toil for their daily bread and exist, not live, in hotels and boarding-houses. In the enthusiasm of youth such a life may be bearable, but after a few years women of the right sort find something desperately wanting, a something which defines itself as the wish for homes of their own.

Nurses are often charged with lack of thrift, which cannot be denied, but the nursing spirit and the commercial spirit are not compatible, and it would seem nearer the truth that money-getting and good nursing do not go well together rather than that we are all given to self-indulgence. To all of us there come to mind unhappy instances which thrust themselves into our peace of mind of hospital and private-duty nurses who have outlived their active usefulness and are gradually crowded off the highway of comfortable living. Some of them have given years of uninterrupted service to institutions, years of difficult toil when the day's work was from ten to twenty-four hours long, hours whose numbers were curtailed neither by labor unions nor the pity of Boards of Managers; others were private duty nurses who were forced to drop back because they could no longer endure the long hours, self-effacement, confinement, and weariness of their lot; we find both classes not equal to hospital work nor private duty, with insufficient means and, worse than all, homeless, their only refuge the pitifully meagre, restricted life in back-hall bedrooms, and of their future—who knows?

Such a life has always been a nightmare to Euphemia and me, and as our years began to accumulate and we neared the dividing-line between climbing the hill and descending it we looked over a great plain spread before us and decided that the back-hall bedroom and the Old Ladies' Home might have charms we did not appreciate, but we preferred a corner, no matter how small, which would be our very own, where we might "gang our own gait" and have a bed and a loaf for those kindred spirits who would gladly share them with that affection and understanding which money never buys.

After several years of desultory planning and threats the time came which we knew to be the right time to change, and we bought a small fruit farm, whereupon all of our friends, enemies, relations, and relations-in-law with one accord expressed their various points of view.

"You don't know how to grow fruit," said they.

"We will learn," said we.

"What do you know about incubators?" said they.

"Any nurse can manage an incubator," said we.

"You will die of loneliness," said they.

"Oh happy day when we may have a chance to be lonely!" said we, and so on *ad infinitum*.

After the first outburst we all took time to breathe, as we could not run away without due warning, and Euphemia spent her holidays doing camping-out housekeeping while she skirmished with carpenter and plumber getting our small house ready. During the interim, like the cow, we "considered" names for our estate, names ranging from a small village in the top of Scotland to the purely euphonious sentimental titles suggested by novel-reading young girls, and finally decided that, being two spinsters of uncertain age and prospects, Cranford would be most suitable, and Cranford it is, with apologies to Mrs. Gaskell.

When Euphemia tearfully returned to town from her vacation we resolved that—whereas, she could go to Cranford six months before me, and, whereas, she could not live alone, and, whereas, we had no notion of getting to be "twisty," selfish old maids, and, whereas, the public institutions were full of homeless children quite as forlorn as homeless nurses—we take a boy from the Home for the Friendless, which we did. I cannot say that our decision entirely commended itself to the Points of View, and when they all "fell a sighing and sobbing" it was in truth like the birds at Cock Robin's funeral, but we were undismayed, and Tom, aged ten, now fills his niche in our ready-made family.

While we were waiting for our release dear J. B. and her small nephew had a four-months' picnic at Cranford getting rest and renewed

strength, and proving the farm to be what we most wished for, a haven for tired saints as well as sinners.

It was January when we—Euphemia, Tom, Puttel, the cat, and I—went to Cranford to stay, or, rather, I went to help them begin house-keeping.

The season is not propitious for moving and our roads were full of snow, necessitating a long detour through fields and golf links to reach the house, but we found a fire laid in that neighborly fashion unknown in cities, and with our lunch-basket we got on famously until the kitchen range was in place and our boxes and barrels unpacked.

There surely is nothing more satisfying than making a home after one has learned that a house needs to be neither large nor fine to be a "truly home."

Our hospital experiences made us independent of all sorts of workmen when the little things had to be done.

Taking up a quarter-rail to fit linoleum to the kitchen floor was not an easy task, and W., our colored friend, said we could not do it, but Euphemia did do it beautifully, although no nun in Lent ever had stiffer knees.

Our predecessors left the shades at the windows, and as our bank account was not exactly plethoric, we decided to repair them; they were all the same color but of every shape and size of misfit imaginable, so between my wrestlings with the sewing-machine and Euphemia's troubles with the springs in the inside, which all ran down like alarm-clocks, we had a day of wild excitement.

It is astonishing how one forgets such simple things. No probationer toiling over circulation ever had a harder time following its devious windings than I had with that wretched thread. My first seam looked like the temperature chart of a malaria patient, and miles of thread were sacrificed to vicious tangles on the wrong side.

We will have to put the Missus with her back to the shades we pieced, for she is one of those terrifying housekeepers who has an eye to all defects and reduces lesser mortals to abject misery by her perfection. She has promised to give due notice of her visits that we may be prepared, and we shall beseech the weather man not to throw too strong sunlight upon our handiwork.

When it was all done and the familiar books and pictures in place we gave ourselves time to sit down and say, "This is home, not a back-hall bedroom, not a home with a capital H, not a noisy, relentless city, but just a simple little corner of our own where we may say 'My house is my castle,'" although castles are not usually seven-room cottages.

The big south window of our sitting-room looks across a wide stretch of fair country to a shining river many miles away, and we may see trains and steamers from the lake coming and going from the two towns in sight, and thus we touch the busy world and yet are not of it.

(To be continued.)

THE SOUGHT GRAIL

ONE said, let me seek in the weary wold
For the mystical, magical cup of gold—
The cup that our Master touched, when He
Sate feasting at eve in the upper room,
And while as an omen of instant gloom
The shadow was seen of "the shameful tree."
There John and Andrew and Petrus saw,
And they touched the cup with a reverent awe.
Then answered another and said, I say
That, wherever the yearning of love makes way,
Whoso blesses the gifts of God
Has found the path that the Master trod,
And whoso utters the words He said—
"This day give us our daily bread"—
Has touched with finger the cup of gold;
Then what if he never the chalice hold?
And then another was heard to say,
There is ever a good and a better way.
It is little to us who His bidding do
To search for a chattel the whole world through;
For love and wisdom and life shall fail
And many may miss of the holy grail,
Yet a kindly deed with a kindly word
Do hallow the commonest cup conferred.
Can charity ever its purpose fail,
Since the chalice of love is the holy grail?
Yet I thought that I still would fain behold
That mystical, magical cup of gold—
The cup that our Master touched when He
In the "upper room" with the "two or three"
Drank of the mingled mystic wine,
With you and with me and with yours and mine.

HENRY CLARK.

CHILDREN'S ISLAND SANATORIUM

By MAUDE S. CURTISS

Peoria, Ill., Volunteer Worker

IN Salem Harbor, between Baker's Island and Marblehead, Mass., lies what is known as Children's Island, where for nineteen years there has been a summer sanatorium for the sick and crippled children of Boston's poor. The institution is dependent upon private subscription. It admits children only upon the recommendation of physicians and takes no boys over fourteen years of age. The children are of two distinct classes—those who are debilitated owing to recent illness or the unhealthy condition of their homes, and those who have some chronic disease. The first remain, on an average, two weeks; the latter frequently all summer.

The island stands well out of the water upon masses of rock. It covers fifteen acres, but about half is too rocky to be safe for the children's use. On the other half lie the long, low buildings of the sanatorium, the majority of which are connected by covered passageways. The structures are well lighted, airy, and scrupulously clean. As fast as the funds of the institution will permit they are being enlarged and improved and new ones added. At present they will accommodate about seventy-five children at a time, about two hundred and ten during the season.

The island is admirably fitted for the work, lying some two miles from the mainland; that is to say, within reach of the shops and out of reach of the bad air and impurities. Indeed, it is just the purity of the cool ocean breezes that is the medicine of the little people, and every arrangement is made to keep them out in it as much as possible. There are four beaches where the children play, which they call the Shell Beach, the Wading Beach, the Crab Beach, and the Bathing Beach. These have no sand, but are plentifully furnished with stones and shells, with rocks and rocky hollows which hold little pools of water, with seaweed and drift-wood and wonderful articles which come up with each tide and delight the hearts of children: old hats and boxes and tin cans and mousetraps and brooms and water-soaked shoes, and odds and ends of equally priceless value. Both the Wading and the Bathing Beaches slope gradually into the water, where the little folk can wade out after jelly-fish and crabs or sail their boats. Off the rocks and by the wharf there is fair fishing for the small boy if a kind-hearted volunteer will take pity on him and give him an hour when she is off duty. Nothing is



A GROUP OF THE CHILDREN



lacking for amusement on fair days. It is the stormy day that is dreaded, and then chiefly by the volunteer; for the children it means confinement indoors, to be sure, but also the joys of the play-rooms: books, games, and toys, the see-saw, the merry-go-round, the old tuneless piano, the doll houses, things to cut, and things to sew; for the volunteers it means the confusion and noise of seventy-five pairs of heels and seventy-five shrill and lusty throats, and the tears of those who have been sorely visited with the wrath of a comrade.

Now to care for seventy-five healthy children is one thing; to protect and care for seventy-five who are sick or crippled is quite another, and the way in which this is done is one of the remarkable features of this institution, whose management and direction are truly admirable. The children are never left alone. Attendants dress and undress them and put them to bed, and one is on watch at night. From the attendants they pass into the hands of the volunteers, seven in number, who have charge of them during the day and at meals. The work of bathing the children, the adjustment of splints, casts, and braces, is considered too important to be entrusted to any but trained nurses. Of these there are two—the superintendent, Miss Davis, and her assistant. As there is no resident physician,—the one in attendance being at Marblehead,—and as there are occasions when important decisions must be made and immediately carried out before the physician can be reached, all the greater credit belongs to these two young women in charge for the health of the children and the able management of the household.

As it is rather unusual to have untrained nurses in charge of delicate children in such institutions, it may be of interest to note in just what the work of the volunteers consists. These are young women who give their time and services out of love for the little people and interest in the cause. They remain, on the average, three weeks, and are on either morning or afternoon duty for a week at a time—four in the morning, three in the afternoon. The fourth morning volunteer accompanies the children who go in the launch for the morning trip to the mainland. The volunteers serve the children their food, this being considered too important a matter to be entrusted to attendants. They must see that the children have all they need and that they eat what is served them, coaxing and making note of reluctant appetites. Very little coaxing is needed after the first day. The air seizes upon the children at once. The appetites grow to an extent that is almost beyond belief, third and fourth helpings of everything being by no means uncommon. The food is well prepared, wholesome, and nourishing: for breakfast, a cooked cereal with milk and buttered bread; for dinner, either a soup containing crackers and vegetables, or chopped meat and mashed potato, and, in

addition, a light pudding for dessert; for supper, milk and buttered bread, with occasionally a sauce. After breakfast and dinner the volunteers in charge take the children to the beaches or the swings or the play-rooms, where they must be guarded with the utmost vigilance. It might seem that cripples and convalescents would be scarcely so active as to need such close watching, but quite the contrary is true. The children with crutches, casts, or braces are frequently as agile as the others and nearly as daring. James, who has one leg in a cast, can turn somersaults with astonishing rapidity; Helen, in spite of her hip-disease, can race on her crutches like an active small boy; Tommy Donovan, likewise a case of bad hip and crutches, climbs in and out and over the rocks in a seemingly reckless manner. A bad fall would mean to these children a set-back of months, perhaps a year, and the most careful watch must be maintained. When the children go in bathing at eleven in the morning two attendants go into the water with them, but the volunteers must still watch to see that children with heart trouble do not bathe, that the others remain only a short time, and that when they come out they are properly dried, clothed, and comfortable. Just before supper the volunteers conduct a short service of hymn and prayer. After the meal all except the older and stronger children go to bed. On warm days the latter may play out-of-doors in charge of a volunteer until seven-thirty, when they too go to bed. From then until eight o'clock the volunteers may visit the dormitory, where they find the little people tucked into their neat white beds. At this hour of the evening the most mischievous wears as seraphic a countenance and begs as hard for a story as his fellow imp of the richly appointed nursery. Every other Saturday afternoon a little performance is given under the management of the volunteers known as "the party," which is quite as much for the visiting public as for the children themselves.

There is one feature of the work that is especially interesting and attractive to the volunteer who loves babies, to which duty she soon asks to be transferred from the older children. The baby ward includes about one-third of the children, not only the babies (none younger than eighteen months), but also older children who are in casts and on frames, and those who are too delicate or need too careful watching to be sent out to play with the others. A sick baby appeals to the sympathy more than an older child who is ill, and the visitor never tires of seeing these little ones playing in their sand piles, taking their afternoon nap on a row of cots, or eating at their small tables. Just seeing them eat is sufficiently convincing proof of the benefit of the institution.

While the children are on the island they wear clothing belonging to the sanatorium. These plain gingham and corduroys replace their

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AT PLAY OUTDOORS



WAITING FOR THE NURSE

cheap laces and gaudy finery, which is ticketed and put away until their departure.

The children are examined before admission to prevent the introduction of contagious diseases. In spite of vigilance, once in a while a case will develop after arrival. The ward for contagious diseases is designed for just such an emergency, and an additional trained nurse is employed for the case so long as is necessary.

The improvement in the physical condition of the children is not the only credit to the institution. The refinement, kindliness, and protection in the atmosphere soon thaws the reserve of the new-comers. It is interesting to note how soon the unruly grow obedient and the unmannered respectful and courteous. Many children of the so-called "better classes" cannot compare with these little folk in obedience and respectfulness to their elders and in kindly consideration and helpfulness to each other. Of course, in many cases this improvement lasts only for the time, but one can never determine how lasting or how beneficent may be the impressions gained.

As to the amount of physical good the children receive, no better proof can be offered than special instances.

A week before the opening of the season of 1904 a post-volunteer called the attention of the superintendent to a little two-year-old in a wretched tenement of Boston. The child was in a very bad physical condition, and suffered from so severe a case of rhachitis that he could not walk. He was pale and his flesh flabby.

"I'll take him," said Miss Davis, "if he lives until we get him to the island."

Seven weeks later the volunteer went to the island herself on a new term of service. She scarcely recognized the child. He was not only fat and pink, but he could walk. His disposition, the worst in the baby ward, has gone through an equally wonderful transformation. Formerly he screamed and slapped when looked at or spoken to. Now he smiles.

"Bye-bye," a boy of the same age, came down the first of July for the summer. He was a puny, miserable little creature with a tubercular gland and a bad eye. For the first ten days he screamed continually, the next ten he slept, and the nurses feared there was something mentally wrong. The end of two months finds him a plump, merry little fellow, and improving all the time.

A very bad case of rhachitis is Nicky, a four-year-old Italian, who first came for two months in 1903. He was badly deformed, for besides being chicken-breasted, he had a curved spine and legs so bowed that they nearly formed a circle, and he could not stand. He is no taller than

"Bye-bye," but he can walk now, his legs are much straighter, and his physical condition immensely improved.

Johnny Sullivan is a year older, but no taller and about half as heavy. It is easy to make one's thumb and forefinger meet about Johnny's ankle and they lap far over around his wrist. He has Pott's disease. A month ago the nurses pointed to him as one of the two cases that might not live through the summer. He lay back in his cushions pale and languid with only enough energy to smile but never to speak. It was difficult to persuade him to eat, especially at dinner, until a devoted volunteer offered him a bribe. "Every day that you eat your dinner, Johnny, you shall have a penny." Never did a bribe work greater wonders. Within a few days Johnny's languor began slipping away. Within a week he could be seen walking slowly about and playing in the sand-pile with the babies.

Andrew was the other case which the nurses feared would not live. He is about twenty months old and came from the Infants' Hospital in Boston. He was in a wretched condition, feeble, white, and miserable, with a bad tubercular arm and foot and a misshapen back. At first he lay like a limp rag. His large brown eyes, rolled up in his head, made one shudder to look at him. At present those same eyes follow the play of the children or the cat with mischievous or amused interest. He laughs and tries to talk with the children, and the urgent and vociferous quality of his remarks at first suggestion of meal time removes the last doubt concerning his appetite.

Francis and Tim, both about five years old, have tubercular spines and hips. They are in plaster spikers and are wheeled about on little carts. When they came, six weeks ago, they were puny and colorless, and so sensitive that they could not endure to be touched; even the rolling of their carts along the floor meant agony to them. Now they can turn over, lift themselves on their elbows, and play games on low tables. Tim is fat and ruddy and begins to talk of walking on his crutches.

These cases are but a few out of very many. Perhaps no children gain more rapidly on the average than those with heart disease, although their improvement is of a character which is apparent to few others than physician and nurse.

It is rather doubtful whether the two or three weeks which convalescents spend at the island do them any lasting good, but there is no doubt the chronic cases which remain all summer are permanently benefited. The gain can be traced year after year, for many of these return to prove that the charity which the island has extended to them has meant literally life. It is to such cases as these that the Board of Managers feels the island should extend its help, and the hope has been expressed that in time to these only it shall be open.

HOW CAN WE IMPROVE THE DISPOSITIONS OF
OUR PATIENTS AND GAIN THEIR CON-
FIDENCE?—A STORY *

TRANSLATED BY ANTOINE BOETTCHER
Graduate Faxton Hospital, Utica, N. Y.

THERE was a gentle knock at the door of the surgeon in charge of the large hospital in B—. After a short "Come in," a young girl, one of the youngest nurses of the institution, entered the room. The doctor, with hat and cane in his hand, ready to go out, asked, rather provoked, "Well, miss, what do you wish?"

"Allow me, doctor, to ask your advice," answered the nurse.

"And what ails you?"

"Oh doctor," replied the nurse, "I don't feel quite satisfied with my calling."

"There we have the old song," said the doctor in an ironical way. "Is not the life somewhat harder and the duties more serious than you had pictured them in your little head while reading novels? Or have you not as yet found the interesting, pale young man who would receive the greater share of your attention?"

Sadly, but politely, the girl answered: "I certainly do not deserve your sarcasm, doctor. You know that when I entered this training-school I was fully convinced and clearly instructed as to its hardships and meaning, and that I was willing to give up a great many things, and came here to learn to serve and to help; but I would also like to take some pleasure in my work. I do my duty as well as I know how, and do as I was taught, but I see only sober, earnest faces among my patients, and when you, doctor, enter the ward, or our youngest nurse, Miss M., who takes life so much less seriously than I, brings in the trays, all the faces beam, and the whole ward looks pleasant and happy. Why can my appearance not have the same effect?"

"My dear young woman," said the surgeon a little impatiently, "have the house doctor explain that to you, I have very little time."

The young nurse replied persistently: "I once asked the house doctor, and he thought if I took temperature and pulse regularly, washed my hands clean, and arranged the patients' trays in an appetizing manner, it would be all I could do, as I could not do anything to change the course of a disease. I know all that, doctor, but I don't want to nurse

* Translated from No. 23 "Der Deutschen Krankenpflege-Zeitung," Jahrgang, 1903. Berlin, Verlag von Elwin Stande, Verlagsbuchhandlung.

the disease only, I want to nurse the sick person and help in relieving his sufferings."

"That was a worthy remark, my dear child," said the surgeon, putting his hat and cane aside, "and for the sake of that I will give up my luncheon hour to you. Take a seat, please, and listen to me. What you have observed and is troubling you is really so. Those patients, without apparent cause, who greet you with sober faces need to be in better humor, and it is your duty as nurse to take this into consideration. Perhaps you know that our old master, Professor von Leyden, strove to make still more prominent the care of the patient, and that he, with the whole weight of his noble thinking personality, sought to impress upon the minds of every member of your profession that the patient also, and not only the disease, should be helped. When I go, once or twice a day, to see my patients they look up to me, because they see in me their helper, and it is not hard for me to win a glad expression from the saddest face with a few comforting words. But the rest of the time the patients are alone and subject to their thoughts and moods. Now begins your work. The very quality that our little Miss M. possesses unconsciously is just what you lack. It requires no special art. In nursing you must have a good knowledge of human nature, and you will soon find out how to take each patient.

"There is a certain egoism peculiar to every sick person. Each patient thinks himself the sickest and most needy of care; every, even the slightest, negligence towards his person is jealously observed and overestimated. At the same time they all have a common, vivid anticipation of improvement, of convalescence—in other words, they have hope. A hint of improvement elevates at once their depressed spirits, and a thankful look will reward your friendly word, but that word must be truly friendly. A warm heart, without emotion, a real compassion, must guide you, and your patients will feel it instantly. When you go from bed to bed and are thinking of helping the sick person, who is, like you, sensitive, or perhaps even more so, you will find a friendly, comforting word without difficulty. Of course, as I have said before, you must have a certain knowledge of human nature; you have to adapt yourself to the educational standard of your patient. A laborer, a tramp, feels and thinks differently from a sensitive, refined lady, but both are sick, and both wish and hope to get well. That is just why they are in this institution. Learn to know these people in their calling, in their pleasures and sorrows, in their work and recreation, then you will understand their dispositions and can deal with them more intelligently. You will generally get along most easily with the plainest people. The sick man longs to return to his work and family, the sick

woman to her husband and children; just mention whatever is of most interest to the individual and you will soon learn their ideas. Only be sincere and hearty, and soon their hearts will be open to you. Children have really no particular disposition, their care requires special practice, and not all nurses are fitted for this branch. Do you understand the basis of my remarks?"

"Certainly, doctor, and I will strive to act accordingly," said the nurse, and started to leave the room; but this time the doctor prevented her, saying, "I am not quite through, my little lady; listen just a little longer, and let me go into a few peculiarities. I have said already that every patient is an egoist, even though little ails him. Don't strengthen this disposition, don't leave the people undisturbed in sad, unreasonable thinking and worrying; be cheerful and sympathetic, even with those only slightly sick. A jolly, pleasant way, a quiet friendliness, will soon help you to win the confidence of your patients. When I say, 'Be jolly! Be cheerful!' it is needless to say to you, do not be silly, as your rather too stern character would forbid such. At all times remember that every patient is very sensitive; laugh or smile once over his perhaps absurd ideas, complaints, or fears, and you have lost his trust in you forever, and his good humor is gone.

"It is possibly the greatest secret to be earnest, yet cheerful; to appreciate the gravity of each case and to find readily the right word of comfort and encouragement. In light, doubtless short, particularly in all curable diseases, it is really no trick to point with certainty and confidence to convalescence. With this conviction the right words suggest themselves. It is somewhat more difficult with those severely sick, where a chance of recovery is doubtful, to give comforting words with quiet pleasantness and deep earnestness, to elevate the doubtful, fearing mind of the incurable. Here one cannot with light words dispel the clouds from the anxious, timorous brow. This would not correspond to the seriousness of the situation and would seem entirely too improbable to the poor patient. But we must always keep up hopes for improvement and let the patient feel that we believe in it and are glad of the good result. In such sad cases you may speak this pious lie smilingly and with good cheer. Your hopeful, happy disposition will animate and brighten the long, weary hours, even of him who is past recovery, and with this you will have done a good deed.

"Do you see, this is the whole charm that comes from the sunny personality of little Miss M. She is always heartily sympathetic, always merry and good-natured, she speaks to all patients, inquires kindly after their families, their occupations, she awakens the hope soon to be well and united with their beloved once again, and enjoys, without being

importunate and intimate, the whole confidence of those in her care. This is her natural way, a kind love for humanity which springs from her heart, which, with the inborn fine sense of tact, unknowingly, but surely, always strikes the right spot. Such natures are rare, but for the patients a comfort, for us physicians a delight. She who wants to be a nurse with body and soul and has her heart in the right spot can create this hearty merriness herself, though it takes a certain practice and self-control. The personality of nurses has the greatest influence on the disposition of the patient simply because their disposition depends on personal interest; wishes and thoughts can be altered by your attention to these very interests.

"You understand that you must also fulfil all other duties most conscientiously. As I said before, every patient is very observing and sensitive in this respect. The patient who trustfully entered the hospital must have the certainty that he can trust you, that your punctuality and reliability are infallible, as he derives his hopes from this, as from his faith in our medical science and skill.

"Care conscientiously for his bed, his meals, the many little things that make him more comfortable when sitting up or lying down; read to him if he desires and permits, take his temperature and pulse regularly, carry out your physician's orders punctually and with pleasant remarks, and you will see how his face will brighten when you near his bed and with what confidence he will look up at you."

The young nurse, who up to now had listened devotedly in great suspense, looked thoughtfully down.

"Now, my girl, is there anything not quite clear to you?" asked the great surgeon.

"Yes, doctor," replied the nurse, "and probably you will also solve this riddle for me. The gallstone patient in my ward, to whom you again gave a thorough examination this morning, complained to me a few days ago of her sufferings. I tried to comfort her and told her that, if nothing else, an operation might help her; that you, doctor, had operated on so many successfully, that it was not so very dangerous, and that she too would stand the operation well. After referring to this she began to cry, and since she views me with a shy look only, though I only meant to comfort her."

"There you mention something, my dear child," said the physician smilingly, "that I was going to warn you against before I finished. The patient you are speaking of will not be operated on at all, yet I hope to cure her, but you have, though with the best intentions, frightened her needlessly with the dread of an operation, and thoroughly destroyed her peace of mind. Avoid relating to patients in such a way similar

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OUTSIDE OF CLUB-HOUSE



DINING-ROOM

severe cases, never describe the interesting but dreary and bloody pictures of the operating-room, neither to prepare the patient for an eventual operation, nor to give yourself an interesting and learned appearance. You will always meet with the reverse. Instead of hope and courage, you spread fear and depression. Never try to explain to patients their affliction; don't inform them as to variations in temperature and pulse, and add to it your opinion as to improvement or the reverse; you spoil the disposition of our patients in every case. Leave the judgment of the condition of the case entirely to us physicians. Your duties and capacity lie in a different sphere, and that I have plainly shown you. Charity, punctuality and reliability, cordiality and cheerfulness, combined with tact and gentle dignity, are the ways and means to the hearts and confidence of the patients. And now, my dear young lady, my time is really up, but I think we have spent it well."

"I thank you ever so much, doctor, for your masterly words, which will guide me through my whole life and work. I will take it all to heart and will go into my work with all my soul and happiness. In the contented look of my patients I will find satisfaction, and will try to be a true nurse in your sense of the word."

NEW YORK HOSPITAL GRADUATED NURSES' CLUB

IN March, 1898, the Alumnae Association of the New York Hospital Training-School for Nurses formed a club for the purpose of establishing a registry and a home for such members as might wish to live at the Club-House, annual dues of ten dollars to be paid by each member.

To secure sufficient money for a beginning the nurses held a bazaar at the hospital two afternoons and evenings, from which the sum of three thousand dollars was realized.

Feeling assured that this sum would cover the rent and superintendent's salary for one year, a house on East Forty-ninth Street was taken, and in fear and trembling for the success of the enterprise the club was established, with nine resident members. So successful was the venture that after one year the adjoining house was taken and furnished. The two houses were always filled, the members enjoying a pleasant, comfortable, happy home, with good, wholesome meals. Very soon the accommodations of these houses were not sufficient, so it was decided to make another venture on a much larger scale.

On May 1 of the present year the club moved into its new and spacious home at 8 West Ninety-second Street, opposite Central Park,

having leased for a term of five years at an annual rental of ten thousand five hundred dollars the entire apartment house of twelve apartments and one hundred rooms. The building is equipped with every modern improvement—steam heat, electric light, elevator service day and night, bathrooms, and telephone in every apartment. Every room is absolutely well lighted and ventilated, the middle rooms overlooking large courts which "Let the Blessed Sunshine In."

On the ground floor on one side of the main entrance is the office and apartments of the superintendent, Miss A. A. Clarke, one of the graduated nurses, and her assistant, Miss Selina Cornish. On the other side are the club-rooms, consisting of reading-rooms supplied with current literature, books of fiction, and miscellaneous works, a general sitting-room where the members meet for social purposes or business, where mail and cards of callers are left, and where the telephone may be used. In the rear is the large, sunny dining-room. On the second floor, besides bedrooms, there is a parlor beautifully furnished in warm, rich red. Furniture, carpets, and hangings, all complete, were the gift of Mrs. Clarence Mackay.

The elevator service, light in halls, and heat for the entire building is included in the annual rental.

Members pay thirteen dollars a month for a bedroom. Meals optional. Rolls and coffee for breakfast, ten cents; additional orders, extra charge; luncheon, twenty-five cents; dinner, forty cents. Meals paid for by means of the ticket system.

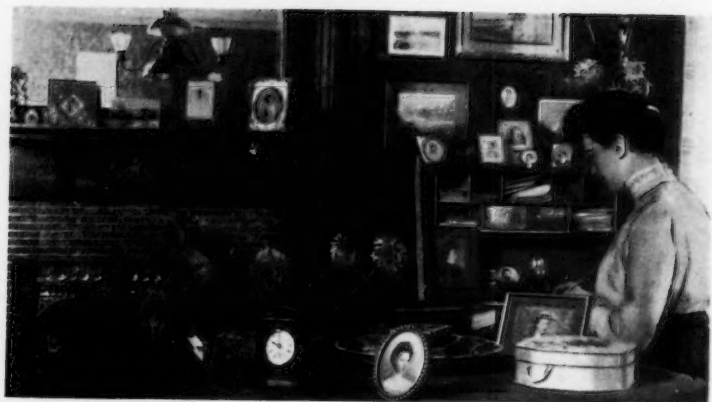
The present lease includes the privilege of re-leasing for another five years, and the option of buying, which the club hopes ultimately to do.

The advice and coöperation of the Advisory Board of the association—composed of three active members of the Governing Board of the hospital—was invaluable in making this venture, and the members feel deeply indebted to them for these and many other kindnesses, not the least of which is the courtesy of the hospital for the bazaars and the monthly meetings of the Alumnae Association. The association maintains a fund for sick nurses, the annual dues being five dollars, for which a member may receive a benefit of ten dollars a week, not to exceed six weeks.

This association was formed in 1893 through the efforts of Miss Irene H. Sutcliffe, who for sixteen years was at the head of the Training-School, who has always taken the most active interest in the nurses, always being ready to advise and sympathize and render such material aid as might be needed, thus proving to be the veritable friend indeed. To her wise counsels is largely due the successes of the association, and to her untiring energy the success of the first bazaar. As chairman of



CLUB-ROOM
Making rag rugs for bazaar



A BEDROOM

the present Bazaar Committee her never-failing interest, energy, and resourcefulness assured its complete success from the very beginning. Such is the love and devotion to Miss Sutcliffe that the association two years ago elected her honorary president, and in gratitude for her loving interest and many kindnesses have set apart a room in the Club-House for her use, and her place at the table is to be always ready for her.

The club now has one hundred and forty-three members, with one hundred resident members.

ANNUAL REPORT OF THE NEW YORK STATE BOARD OF NURSE EXAMINERS *

By JANE ELIZABETH HITCHCOCK

Secretary

THE State Board of Nurse Examiners came together for their first meeting in the Regents' Office at Albany on September 15, 1904. All members were present, and also Secretary James Russell Parsons and Dr. Henry L. Taylor, of the Regents' Office. The board organized by electing for president Sophia L. Palmer, of Rochester, and for secretary Jane Elizabeth Hitchcock, of New York. These officers continue to hold their respective positions.

The few hours of that first meeting were spent in trying to get a look into the future and see what manner of work lay before us. As a result of these observations the following subjects presented themselves, and so good was our foresight that they serve well as heads for this report to you:

- I. Registration of schools.
- II. Registration of individuals under the first and second items of the waiver.
- III. Registration of individuals under the third item of the waiver.
- IV. Registration of individuals applying after the expiration of the three years of the waiver.

The last subject has not yet been considered, as there can be no call for a decision in that direction until after April 27, 1906, and the board has been fully occupied with the first three topics.

I. REGISTRATION OF TRAINING-SCHOOLS.

In taking up this first question the board found itself confronted by a very difficult problem. The more radical way of recognizing only the schools of the highest grade seemed unfair to the smaller ones, and

* Read at the semi-annual meeting of the New York State Nurses' Association, October 18, 1904.

yet the board wished to stand for the highest requirements possible. There were many informal meetings for discussion of this question. The board sought information, ideas, and enlightenment from all sides, but no one seemed quite ready to give a definite opinion as to the standard that could be demanded at the outset. After much deliberation the following recommendations were presented to the Regents, as affording a standard both of preliminary education and professional training not too high to be reached by a large majority of the schools of the State:

" I. PRELIMINARY EDUCATION.

" All training-schools registered with the Regents of the University of the State of New York shall require of pupils applying for admission a certificate of graduation from a grammar school or its equivalent, giving preference to applicants who have had one year or more in a high school, or to students who have taken a full course in domestic science in a recognized technical school.

" II. SUBJECTS UPON WHICH THE STATE WILL EXAMINE.

" Training-schools for nurses registered under the Regents will be required to provide both practical and theoretical instruction in the following branches of nursing:

" a. Medical nursing.

" b. Surgical nursing, including gynæcological.

" c. Obstetrical nursing.

" 1. Each pupil to have the care of not less than six cases.

" d. Nursing of sick children.

" e. Diet cooking for the sick.

" 1. Twelve lessons in cooking in a good technical school or with a competent diet teacher.

" 2. Food values and feeding in special cases, etc., to be taught in classes, not by lectures.

" f. A thorough course of theoretical instruction in contagious nursing, where practical experience is impossible.

" III. THE PERIOD OF INSTRUCTION.

" The period of instruction in the hospital to be not less than two full years, during which time the pupils shall not be utilized to care for patients outside of a hospital.

" Training-schools giving a three-years' course, wishing to continue the practice of utilizing their pupils to earn money for the hospital, may send them out to private cases or for district work among the poor for a period not exceeding three months in the third year of their training.

" Training-schools with a two-years' course, wishing to continue the

practice of sending pupils out, will be required to extend their course of training to three years, when the limit of time will be the same as above.

"The curricula of the training-schools applying for registration show that the practice of sending out pupils to earn money for the hospital is entirely obsolete among those of the highest grade, and it would seem only just that some restriction should be placed upon those hospitals still following the custom, which are asking for the same recognition for their training-schools."

Suggestions for future development were appended as a warning to school boards that this standard is not fixed, but will be raised from year to year, probably along the lines here indicated.

"The board recommends that, as a suggestion of the lines upon which development may be expected in the near future, training-schools be advised to teach their probationers before placing them at the bedside of patients:

- "1. The various methods of making and changing the bed, with and without a patient.
- "2. The temperature of baths and the simple methods of administering them.
- "3. The use and dangers of the hot-water bag.
- "4. The principles of sweeping and dusting.
- "5. The setting of trays, etc.

"Such instruction can be easily given in the Nurses' Home by the superintendent of nurses or a nurse delegated by her. Instruction in these first simple principles cannot be given uniformly in the rush and pressure of the work of the busy ward. It demands no additional service or expense on the part of the hospital, and is looking towards the idea of preliminary training, which is rapidly gaining favor in the schools of the higher grades.

"The board further recommends that in place of the elaborate system of lectures, given gratuitously by members of the medical staff, training-schools shall be advised to adopt the more advanced method of instruction by teaching the same subjects in smaller classes by competent teachers, and by clinical demonstration in small classes by members of the medical staff."

These recommendations were adopted by the Regents, and the registration of training-schools began at once. At a later meeting it was decided that "for registration a nurses' training-school must be connected with a hospital (or sanitarium) having not less than twenty-five beds, and the number of beds must be from two to four times the number of students in the school, depending on the character of the hospital's facilities for private or ward practice."

For some months after submitting the above recommendations the registration of each training-school was decided by the Board of Examiners. Later it was conceived to be the prerogative of the Regents of the University, and since June 10, 1904, the training-schools applying for registration have been inspected by one of the authorized inspectors of the University, and the State Educational Department has assumed all responsibility of school registration except in certain instances where the opinion of the board has been requested.

II. REGISTRATION OF INDIVIDUALS UNDER THE FIRST AND SECOND ITEMS OF THE WAIVER.

"**WAIVER OF EXAMINATIONS.***—The Regents may, upon recommendation of said Board of Examiners, waive the examination of any persons who shall have been graduated before, or who are in training at the time of, the passage of this act and shall hereafter be graduated, and of such persons now engaged in the practice of nursing as have had three-years' experience in a general hospital prior to the passage of this act."

A form of application for registration as nurse was early adopted, and with but little alteration is the one now in use. The only change from the original draft is in the sheet bearing the signature of the training-school superintendent, which is held in lieu of the diploma.

There was much delay and some confusion at first by reason of the careless manner in which many nurses filled out their application blanks. When these simple facts in the application have been made clear, the board has next tried to assure itself that the certificates of moral character were valid and the applicant above question in this particular. The board has felt its responsibility to the State association in this matter to be a heavy one, and at times it has been very puzzling. Valuable as education and intellectual fitness may be, it has been recognized that unscrupulousness or a low standard of integrity can quickly overturn what years of education and intelligence cannot replace. Therefore many hours have been spent by the secretary in investigating the references of applicants whose endorsers have been entirely unknown to all the members of the board. Many of you who are superintendents have become familiar with the little printed slip asking you to vouch for the character of some nurse about whom the board was uninformed. Much of this annoyance could be avoided if nurses were advised to secure the signature of the school superintendent on the first application blank. If it is not out of place in this report, may we recommend the adoption of the plan suggested by a superintendent of one of the large New York schools, that the superintendent be present to give her signature, and

* Chapter 293, Section 208.

that a notary be brought to the class-room to see that each member of the graduating class makes out her application accurately and carefully.

With all the precautions that have been taken doubtless some unworthy individuals have been registered. In some instances the evidence has been negative only, and would not stand in a court of law.

Many applications still await the registration of schools, for obviously no individual can be registered under the first clause in the waiver until the school from which she is graduated has been "registered by the Regents of the University of the State of New York as maintaining—proper standards." *

Nurses whose applications are held over are advised to inquire of the superintendent concerning the registration of the school, as in the pressure of nearer matters she may have been negligent in filling out the blank required by the University.

III. REGISTRATION OF INDIVIDUALS UNDER THE THIRD ITEM OF THE WAIVER.

"The Regents shall also grant a certificate to any nurse of good moral character, who has been engaged in the actual practice of nursing for not less than three years next prior to the passage of this act, who shall satisfactorily pass an examination in practical nursing within three years hereafter." †

The examination of those desiring to register under the third item of the waiver is divided into two sections:

1. A demonstration to test the practical knowledge, deftness, and resourcefulness of the applicant.
2. A simple written examination in the theory of surgical nursing with operative technique, nursing in febrile cases, obstetrical nursing in normal and abnormal cases, drugs with regard to toxicological symptoms and treatment after poisonous doses (genito-urinary subjects are substituted for men in place of the test in obstetrics).

The first examination took place June 21. The practical test was conducted by members of the Board of Examiners in New York, Albany, Syracuse, and Buffalo from eight to twelve A.M.

The written examination took place in the afternoon of the same day, and was conducted by one of the regular examiners of the University, the questions having been compiled by the Board of Nurse Examiners. Twenty-three applicants submitted to the examination, but of these only seven attained the seventy-five per cent. that is required by the

* Laws of New York, 1903, Chapter 293, Section 206.

† Ibid., Section 208.

University. The remaining sixteen are privileged to reappear for second test, if they so desire, at the next examination, which will take place in January, 1905. The small number that presented themselves at this examination, and the still smaller number that survived the test, seem to indicate that, as there are but three more examinations under the waiver, the fear that the State would be overwhelmed with nurses registered under this clause is ungrounded.

On June 27 and 28 the Forty-second University Convocation of the State of New York was held in the Senate Chamber at Albany. Representatives from the various institutions of the State were present, and shared in long papers and discussions on various educational topics. Miss Palmer was asked to be present, but was not informed until the last moment, far too late to make any preparation, that she was expected to give a statement of the nursing profession in its bearing upon education. Miss Palmer's remarks immediately followed a paper by President Rhee, of the University of Rochester, on "What Minimum Requirements Should be Prescribed for Admission to Medical Schools." She was taken at a great disadvantage, as the other educators had had opportunity to prepare well-thought-out papers, while she was called upon for extemporaneous delivery. However, she rose to meet the occasion with her usual courage, and gave to the convocation a brief account of the history of training-schools, and the hope that is before them through better education and through registration.

This has been one of a number of awkward positions in which the board has found itself during the past year. It has been most unfortunate for the nurses of the State that the bill was passed and registration forced upon the University just as it was on the eve of an upheaval. Before the Regents had become acquainted with the nurses and their needs the amalgamation took place which dethroned Secretary Parsons and placed the work of the Regents and the State University under one head. President Draper, of Illinois University, was called to Albany and became Commissioner of the new department. Thereupon followed a general changing of responsibilities, and the Board of Nurse Examiners scarcely knew to whom to address their communications.

For example, on August 16 the secretary of the board wrote to Albany to ask that a meeting be called during the last week in August. As there was no reply, and fearing that there might have been some change in the office of which she was unaware, she wrote to another official. Still receiving no reply, she addressed the Assistant Commissioner with no better result. Finally, after writing to Commissioner Draper himself and explaining the matter, a meeting was called, and took place at Albany on October 4, just six weeks behind time. All this

is recorded, not in a spirit of criticism of the Albany office, for one can easily understand the chaos into which these changes have thrown affairs, but in order that the nurses, who have grown restive and wondered at the long delays, may understand under what difficulties the board has had to work out its salvation this first year.

We believe that we are now beginning upon a year of better organization, and hope that as the work comes into Albany we shall be able to take it up with more promptness, and carry it through without the delays and uncertainties of the year that has just passed. These delays we regret, not so much for ourselves as for the sake of the nurses throughout the State, whose faith in the progress of registration has had a severe test.

Number of applications received prior to October 1, 1904.....	900
Number of fees returned prior to October 1, 1904.....	15
Number of applicants registered prior to October 1, 1904.....	458
Number of applications held awaiting registration of schools.....	132
Number of schools registered within the State.....	48
Number of schools registered without the State.....	36

LIST OF NURSE TRAINING-SCHOOLS REGISTERED OCTOBER, 1904.

Registered means approved by Board of Nurse Examiners prior to April 20 or by the Regents on applications returned to Board of Regents for correspondence.

Pending means that the school has applied, and on guarantee to meet Regents' requirements will be registered or awaits Regents' inspection.

Correspondence means that the Regents have sent application blank and information.

California.

California Hospital Training-School, Los Angeles.

St. Luke's Hospital Training-School, San Francisco. Pending.

Canada.

Toronto General Hospital Training-School for Nurses, Toronto, Ont.

Connecticut.

Hartford Hospital Training-School, Hartford.

New Haven Hospital Training-School, New Haven.

District of Columbia.

Columbian University Training-School, Washington.

Freedmen's Hospital Training-School for Nurses, Washington.

Garfield Memorial Hospital Training-School for Nurses.

Illinois.

Hahnemann Hospital of the City of Chicago Training-School for Nurses, Chicago.

Illinois Training-School for Nurses, Chicago.

Michael Reese Hospital Training-School, Chicago.

St. Luke's Hospital Training-School for Nurses, Chicago.

Woman's Hospital of Chicago Training-School, Chicago.

Indiana.

Union Hospital Training-School for Nurses, Terre Haute.

Maine.

Maine General Hospital Training-School, Portland.

Maryland.

Johns Hopkins Hospital Training-School for Nurses, Baltimore.

Massachusetts.

Boston City Hospital Training-School for Nurses, Boston.

Lynn Hospital Training-School for Nurses, Lynn.

Massachusetts General Hospital Training-School, Boston.

New England Hospital for Women and Children Training-School for Nurses, Boston.

St. Luke's Hospital Training-School for Nurses, New Bedford.

Tewksbury State Hospital Training-School for Nurses, Tewksbury.

Michigan.

Farrand Training-School for Nurses—Department Harper Hospital, Detroit.

Grace Hospital Training-School, Detroit.

New Jersey.

Christian Trefz Training-School of the Newark German Hospital.

Muhlenberg Hospital Training-School for Nurses, Plainfield.

Newark City Hospital Training-School for Nurses, Newark.

New York.

Albany Hospital Training-School for Nurses, Albany.

Arnot-Ogden Memorial Hospital Training-School, Elmira.

Auburn City Hospital Training-School for Nurses, Auburn.

Bellevue Hospital Training-School for Men Nurses, New York City.

Bellevue Hospital Training-School for Women Nurses, New York City.

Binghamton City Hospital Training-School, Binghamton.

Brooklyn Homœopathic Hospital Training-School for Nurses, 105-111 Cumberland Street, Brooklyn. Extinct.

Brooklyn Hospital Training-School for Nurses, Brooklyn.

Buffalo General Hospital Training-School for Nurses, Buffalo.

City Hospital, Male Training-School, Blackwell's Island, New York. Extinct.

Faxton Hospital Training-School for Nurses, Utica.

Flushing Hospital Training-School, Flushing, L. I. Pending.

German Hospital and Dispensary in the City of New York Training-School for Nurses, New York City.

German Hospital Training-School for Nurses, Brooklyn.

Hospital of the Good Shepherd Training-School, Syracuse.

Jewett Training-School for Nurses, Bushwick Central Hospital, Brooklyn. Pending.

Kings County Hospital, Brooklyn.

City of Kingston Hospital Training-School for Nurses, Kingston.

Lebanon Hospital Training-School, New York City.

Lee Private Hospital Training-School for Nurses, Rochester.

Long Island College Hospital Training-School for Nurses, Brooklyn.

Long Island State Hospital Training-School for Nurses, Kings Park, L. I. Pending.

Manhattan State Hospital, West Training-School for Nurses, Ward's Island, New York.

Margaret Fahnestock Training-School of New York Post-Graduate Medical School and Hospital, New York City.

Training-School for Nurses of the Methodist Episcopal Hospital, Brooklyn.

Metropolitan Hospital Training-School, Blackwell's Island.

Mount Sinai Training-School for Nurses, New York City.

Nassau Hospital Training-School, Minneola, L. I.

Nathan Littauer Hospital Training-School for Nurses, Gloversville.

New York City Training-School, Blackwell's Island, Department of Public Charities, formerly Charity Hospital.

New York Hospital Training-School, New York City.

New York Infirmary for Women and Children Training-School for Nurses, New York City.

Presbyterian Hospital Training-School for Nurses in the City of New York.

Rochester City Hospital Training-School for Nurses, Rochester.

Rochester Homœopathic Training-School, Rochester.

Roosevelt Hospital Training-School for Nurses, New York City.

S. R. Smith Infirmary Training-School for Nurses, Tompkinsville, S. I.

St. John's Hospital Training-School for Nurses, Brooklyn.

St. John's Training-School for Nurses, Department of St. John's Riverside Hospital, Yonkers.

- St. Luke's Home and Hospital School for Nurses, Utica.
 St. Luke's Hospital Training-School, New York City.
 St. Mark's Hospital Training-School for Nurses, New York City.
 St. Mary's Hospital Training-School, Brooklyn.
 St. Mary's Hospital Training-School, Rochester.
 St. Vincent's Hospital in the City of New York Training-School
 for Nurses, New York City.
 Samaritan Hospital Training-School for Nurses, Troy.
 Sydenham Hospital Training-School, New York City.
 Syracuse Homeopathic Hospital Training-School for Nurses.
 Syracuse Hospital for Women and Children Training-School for
 Nurses.
 Vassar Brothers' Hospital Training-School for Nurses, Pough-
 keepsie.
 Woman's Christian Association Hospital, Jamestown.

Ohio.

- Cincinnati Hospital Training-School for Nurses.
 Lakeside Hospital Training-School, Cleveland.

Oregon.

- Good Samaritan Hospital Training-School, Portland.

Pennsylvania.

- The Pennsylvania Hospital Training-School for Nurses, Philadel-
 phia.
 Presbyterian Hospital Training-School for Nurses, Philadelphia.
 Hospital of the Protestant Episcopal Church in Philadelphia Train-
 ing-School for Nurses.
 St. Luke's Hospital Training-School for Nurses, South Bethlehem.
 Scranton Training-School for Nurses of Northern Anthracite Coal
 Region of Pennsylvania, Scranton.
 University of Pennsylvania Hospital Training-School, Philadelphia.
 Williamsport Hospital Training-School, Williamsport. Pending.

Utah.

- St. Mark's Hospital Training-School for Nurses, Salt Lake City.



THE FLY AS A CARRIER OF TUBERCULOUS INFECTION.—Dr. E. H. Hayward reports in the *New York and Philadelphia Medical Journal* a series of experiments showing that the fæces of flies feeding on tuberculous sputum contained tubercle bacilli. The fæces rubbed up with sterile water and injected into the peritoneal cavity of guinea-pigs caused the development of tuberculosis in the animals.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



PRACTICAL DIETETICS: WITH REFERENCE TO DIET IN DISEASE. By Alida Frances Pattee, graduate of the Boston Normal School of Arts, instructor in dietetics, Bellevue Training-School for Nurses, Bellevue Hospital, New York City. Second Edition, Revised and Enlarged. New York City: Published by the author, 52 West Thirty-ninth Street.

Miss Pattee makes a pretty compliment to the nurses of the Bellevue Training-School in sending forth the second edition of her book bound in the blue and white striped gingham which is used for the uniform dress of the pupil-nurses of that school. One seems quite safe in conjecturing the author of the book a very practical person, very original too, and, moreover, one who has no small regard for the persons and things that make up the field of her labor as a teacher. The book is emphatically not a cook-book, although there are some excellent recipes for cooking certain articles of meat and drink so that while losing none of their value as foods they can be made acceptable and appetizing. It is rather a text-book of therapeutics combined with practical instruction on the preparation of foods. A list of diseases beginning with general fevers, followed by typhoid and the eruptive fevers, diseases of the functional organs, and some nervous disorders, takes a prominent place in the book, each disease being assigned its dietetic treatment. This is in nearly every instance quoted from some higher authority,—Professors Thompson, Holt, and Koplik, of New York, in many instances,—the name of the book quoted, with the name of its author, being given in the foot-note. This arrangement is a great convenience and help to those who wish to read further on the subject. Exactness—in the same measure as one uses it in administering medicine or in chemical experiments—is the author's constant warning. There are some good hints about nourishment in disease and good, practical advice in regard to coaxing a listless appetite—where all one's ingenuity is needed to get the necessary amount of food accepted without overtaxing a sensitive stomach.

The closing pages of the book are given up to a table of all denominations of weights and measures with the metric equivalent,

another for preparing percentage solutions, and the rule for converting Fahrenheit to Centigrade degrees.

FIRST LESSONS IN FOOD AND DIET. By Ellen H. Richards, instructor in sanitary chemistry in the Massachusetts Institute of Technology. Boston: Whitcomb & Barrows.

This is not a book written for nurses as a special class, but it is a book which every nurse will do well to make herself familiar with. It is a book of ten lessons for teachers on the subject indicated in the title,—a tiny affair of fifty pages, an hour's reading, perhaps, but it starts one thinking for a much longer time. "As human beings, what we all wish to know is what to eat, when, and how much. We also ask for a warning bell to caution us when we are liable to go wrong. This much every well person needs. The really sick must have a special treatment, but at this time we are concerned only with that food which keeps us well and strong and happy." Also how to do this at the least cost of time, money, or the sacrifice of our fellow-creatures, and these little schemes for lessons are really pretty reading. Lesson II. opens: "Everything is food for something else, each after its kind, and *matter*, carbon, oxygen, hydrogen, and nitrogen, for instance, is kept circulating like gold and silver, which is now made into amulets and images, now lining drinking-cups, now buried in the earth, now stamped as coin and passing from hand to hand until melted and made into rings again. It is gold and silver all the while." Again it is of food values she speaks: "The word potato or apple should bring up to the mind not only the shape, size, and color, but the part in the diet it may play." Or the choice of food: "The early peoples had an abundance of one kind of food of which we can certainly deprive ourselves,—air,—and this lack is the cause of much, if not of most, of our ill-health. The early peoples had to work—and often work hard—for their food, and hence did not often get too much of it. We have food set before us in such abundance and variety that we overeat without knowing it. This causes so many of the illnesses from which modern man suffers that, barring accidents, it may be said that if we are ill or ill-tempered it is likely to be our food which is at fault in some of the many ways we have indicated." "Every day of our short life should count for something, and to lose it because one ate the wrong food is foolish waste." "The chief object of the thorough mastication of the food and its treatment with saliva in the mouth is to protect the stomach from overwork. The thoroughness with which the stomach prepares the food for the final act of digestion, intestinal absorption, depends upon the amount given it to do. It would seem as if man might learn this lesson readily, but the fact is that the average human being bolts his food and washes it down regardless of all physiological law."

HOW TO COOK FOR THE SICK AND CONVALESCENT. Arranged for the Physician, Trained Nurse, and Home Use. By Helena V. Sachse. Philadelphia: J. B. Lippincott Co.

This second edition of Miss Sachse's "How to Cook for the Sick" is especially commendable for the number and variety of its recipes and the ingenuity displayed in presenting the same article in many different ways, an egg or an oyster being made to assume a disguise almost past recognition. It is a book of cookery for the sick and convalescent *par excellence*, but if one could have but a single cook-book for all occasions this would be the one to choose. Given six recipes for "Hygienic Griddle Cakes" (pages 128, 129), why hanker for the "sinker" or the "flannel-cake" of the lay cook-book.

The classification of recipes for ready reference is a feature of the book: four classes—liquid, semi-solid, solid, and a fourth for special foods, the first class giving the different ways of serving milk, the liquid meat foods, the partially digested foods, the liquid foods frozen, the liquid foods with egg or albumenized, farinaceous or starchy liquid foods containing much fat, liquid foods containing alcoholic stimulant, and, finally, the liquid foods not containing starch or cane sugar: a most exhaustive list, and one that might be used a long time without becoming wearisome to the liquid-diet patient. In the other classes there is the same variety, with, of course, more interesting results as the food comes nearer to the rule for the normal.

PHYSICIAN'S VISITING-LIST.

The same firm have just issued the fifty-fourth edition of the Physician's Visiting-List, price one dollar, which contains a calendar for 1905-6, "Table of Signs," "Incompatibility," "Poisoning," "The Metric System," "Table for Converting Apothecaries' Weights and Measures into Grammes," "Dose Table, in both English and Metric System," "Asphyxia and Apnoea," "Comparison of Thermometers," "A New Complete Table for Calculating the Period of Utero Gestation," and blank leaves for visits, addresses of patients, nurses, etc.

GENERAL CATALOGUE OF MEDICAL BOOKS. P. Blakiston, Sons & Co. Price, twenty-five cents.

This little pocket catalogue contains not only a very complete list of medical books, but nursing books also. It is arranged in two sections,—the first part under authors and the second under subjects,—and will be very useful for those who purchase for libraries each year.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL



AN AID TO THE COMFORT OF BEDRIDDEN PATIENTS.—*American Medicine* says that in cases of severe heart disease with orthopnea it is often extremely difficult to keep the patient in the semi-upright position, as the direct pressure on the tuberosities of the ischium is not only uncomfortable, but is conducive to bedsores, and there is also a tendency to slip down in the bed. In such cases a hard bolster is placed under the mattress at the level of the thighs, forming with the pillows a double inclined plane, in the trough of which the back rests. The support and the removal of a part of the weight from the tuber ischii to the fleshy part of the thighs affords great relief to the patient.

A SUBSTITUTE FOR MILK IN INTESTINAL DISEASES OF CHILDREN.—Helprin, in the *Medical Record*, recommends the following, which may be used in place of barley-water when that mixture becomes monotonous or distasteful: "Two tablespoonfuls of ordinary flour in an agate dish retained in an oven till the flour is well browned, then blend or dissolve in a little cold water; this is now gradually added to, and stirred in two pints of water while boiling. This may be given in three-ounce apportionments and ten feedings. One-half drachm, gradually increased to a drachm and a half, of condensed milk can, in the course of a day or two, be judiciously added to each feeding." Other preparations of the same class include cornstarch and granum.

ACUTE RHEUMATISM IN CHILDREN.—The *Journal of the American Medical Association* in a synopsis of an article in the *Post-Graduate* says: "H. B. Sheffield considers rheumatism in children a grave infection, one that requires active treatment particularly in order to prevent serious complications. Rest in bed is the most important therapeutic measure in this direction, and should be enjoined during the entire course of the disease. Dieting he considers to be nothing but a myth. During the febrile stage the diet should, of course, be limited to the ordinary 'fever diet.' In older children he uses the salicylates combined with small doses of pepsin or ingluvin. For younger children he prefers aspirin, or the salicylates obtained from the wintergreen plant, in doses

of five grains, to be repeated every two hours the first day and every four hours the following days. For the relief of articular pain and swelling the joint should be wrapped in absorbent cotton wrung out of a warm saturated solution of bicarbonate of soda. The compress should be covered with oiled silk and a flannel bandage, and changed as soon as it becomes dry. After disappearance of the acute symptoms the stiffness and lameness generally yield to gentle massage with an ointment containing one drachm each of oil of gaultheria and ichthyol in one ounce of lanolin. Later on it is advantageous to supplement the local treatment by gentle general massage. The iodids should not be lost sight of in protracted cases."

REMEDY FOR MOSQUITOES.—Schill in the *Deutsche Medicinische Wochenschrift* advises the application of a paste of bicarbonate of soda to mosquito bites, and says that a concentrated solution may also be used. Wetting exposed parts with a two per cent. solution of thymol will drive the insects away.

A CASE OF SUTURE OF THE HEART, WITH RECOVERY.—The *Medical Record* condenses the report of this case from the *American Journal of the Medical Sciences*: "Francis T. Stewart reports this case. The patient was a colored man, twenty years of age. He was stabbed, the knife having wounded the heart. The writer, after exposing the wound, closed it with a continuous silk suture. Afterwards the pericardial wound was sutured, a small opening being left for a gauze drain. On the thirty-fifth day the patient was allowed out of bed. The writer appends a table of reported cases. The dangers of the drain are the same in these cases as elsewhere—infection and adhesions. Of the twenty-two cases in which the pericardium was drained, two died within a few hours, and of the remaining twenty, ten (fifty per cent.) recovered. Of the fifteen in which the pericardium was closed without drainage one died in fifteen minutes, and of the remaining fourteen seven recovered. The question may still be regarded as an open one. Of the twenty-three cases that recovered after operation, eleven are known to have been complicated with some form of infection. In only one case is uncomplicated recovery stated."

FEEDING AND REST CURE IN TYPHOID.—The *Journal of the American Medical Association* has an abstract of a paper in the *Therapeutic Gazette* as follows: "Hare fails to see any reason that would justify disordering metabolism by the institution of a rigid single diet, and is fully impressed, from personal experience as well as from physiologic facts, with the utter inadequacy of the pure milk diet in the treatment of

typhoid fever. It is his custom to give all patients after the first week of typhoid from one to two soft-boiled eggs a day in addition to the ordinary allowance of milk, and to vary their diet by the use of curds and whey, rice which has been boiled to a pulp, barley, wheat, and oatmeal gruel, and a cup of cornstarch with vanilla or some other flavoring substance of a like character. As a result of this diet he very rarely sees marked ataxia, which is so common a symptom in convalescence in typhoid; and the patient's nutrition is so well preserved that he is but little more emaciated than many cases of acute pneumonia at the time of recovery. Secondary complications like furuncles and bedsores are unknown. He believes that the average case of convalescent typhoid fever is a fair mark for any infection, because the patient is half starved. Recognizing that typhoid fever is characterized by a deficient secretion of digestive juices, all his patients receive hydrochloric acid and pepsin with their proteid foods, and takadiastase and pancreatin when carbohydrates are used. He is utterly opposed to the use of beef-tea, which he believes acts as a first-rate culture medium and frequently increases tympanites and diarrhœa, and the stools become infected under its use. Hare considers that the value of the modern method of treating typhoid by cold depends in great part on the fact that when cold bathing is used the patient, who is undoubtedly suffering from a form of toxæmic neurasthenia, receives a form of rest cure which maintains strength and puts him in first-rate physical condition. The free use of cold water is not the chief factor for good in these cases, but the rubbing or massage which follows these baths is of the very greatest importance, aiding the dissipation of body-heat, readjusting the circulation, and exerting on the patient the beneficial effects which follow the use of massage as seen in the rest-cure treatment of neurasthenia. Therefore he advocates the employment of the Weir Mitchell rest cure in the treatment of typhoid fever. Equally good results can be obtained if these patients are properly sponged, with friction, instead of being plunged. The sponging possesses the additional advantage that the patient does not have to be moved from his bed, that the great muscles of the back can be given more attention than the anterior portion of the body, thereby increasing the dissipation of heat very greatly and preventing the formation of bedsores. Patients with a temperature below 102.5 should be given tepid baths with friction. Since he has been feeding his patients, Hare finds that he is giving them less alcohol than formerly, probably because the patient burns up food products in the body instead of burning up alcohol. He throws out the suggestion that alcohol may act as a stimulant on the functions which are connected with immunity and the ability of the body to resist infection."

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



LETTER

ALL travellers are sorely tempted to describe the places they have seen, and I am only restrained from pages of raving over Constantinople by the knowledge that it would sound flat and dull to those who have not been there, and those who have will know what a unique and unequalled spot of the earth it is, with the most brilliant of spring weather shining down on it.

And how near home it seemed when I found myself being "toted" by Miss Hart, a Bellevue nurse, and Dr. Ottley, a Johns Hopkins medical man! To them I am indebted for seeing hospitals. They got the permits and untwisted the manifold yards of red tape, and personally conducted me about. No such thing in Constantinople as going to the door of a hospital and announcing one's self as a Dottoresse or Krankenschwester from America and expecting to be taken about! In the first place, the distances are enormous; one must go to the ends of the car-lines and then drive a couple of hours to the outskirts of everything, and then pass the sentinel boxes of soldiers and the lodges of porters, and then go from pavilion to pavilion in large grounds, and all in a language which might just as well be Chinese.

It took the greater part of a day to go to the Greek hospital (all the different nations have their own hospitals, like their own post-offices, in Constantinople), and another whole day to visit the Royal Hospital for Children, and to drive to the old military barracks at Scutari, where Florence Nightingale's world-famous work was wrought. A week could easily be spent in hospitals in Constantinople. The French and German hospitals are, of course, managed according to the national customs, and excellently. The Greek hospital is very large, on spacious grounds, and has some new pavilions with small rooms that are modern, cheerful, and attractive, but some of the old wards, deficient in light and air and with the painfully unkempt appearance of old hospitals without trained nurses, were very forlorn, especially those that were filled with phthisis patients. The managers and physicians of this hospital are very desirous of establishing a modern system of nursing, and it would not be surprising to

see such a change effected before long. The Royal Hospital for Children, called the Hamidié (after the Sultan, Hamid), is the pride of Turkey, and well it may be. It was erected at the personal cost of the present Sultan, who also bears the whole expense of its support on a truly munificent scale. It is entirely free, and though a children's hospital has also provision for women, and when we were there several large pavilions were filled temporarily with wounded soldiers.

The Sultan is said to be the most humane ruler Turkey has had, and, indeed, his face (for we saw him drive to prayers), while old, tired, and sad, showed kindness, and one could easily imagine him taking an interest in charitable institutions. The Children's Hospital is his special interest, and it is said that he personally inspects every instrument and appliance that goes into it. Under his rule there has been a marked revival of medicine and hospital work in Turkey, and the Germans seem to have been called in everywhere to direct the movement towards modern reforms. The Children's Hospital has been built from the plans of German experts; its medical management is planned out and systematized according to the most thoroughgoing German science, and the nursing is entrusted to German sisters drawn from the "Diakome-Verein," which has been described in the *JOURNAL* as an association especially modern, free, and highly trained, and which seems to attract women of superior caliber.

The hospital is really so complete and perfect in all its details that there is no room for criticism anywhere. The grounds are extensive and well planted; the pavilions, of simple architectural lines, stand singly; every kind of service, including contagion, is provided for; scientific sterilization, the laboratories of all kinds, the X-rays and photography, the plumbing and drainage, the ventilation, the details of soiled linen removal and disinfection, the fittings for surgical technique, all are as faultless as any hospital has yet succeeded in making them. The wards are exceedingly pretty, tiled and painted in light colors, and the most immaculate cleanliness reigns supreme. The white linen gowns and caps of the nurses were as spick and span as a German military parade, and only one Oriental feature was present in the whole picture, and this the prettiest possible one. This was the dress of the Turkish (or native of some kind) women, ward assistants to the nurses. They wore gowns of native cut, of light colors and charming materials, and were most gracefully draped in large sheer white veils, which they wound around their heads and shoulders in an inimitable manner. All the women, and little girl patients, too, wore similar veils, not so large, but all carried out the idea of the covered head.

Several women patients in single rooms had brought their own

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ENTRANCE TO THE GROUNDS OF THE HOSPITAL—HAMIDIE FOUNTAIN





CONVALESCENT CHILDREN

bedding and linen, and we could hardly sympathize with their ills for admiring the crimson-satin-covered mattresses, fine embroidered linens, and home-dyed and home-woven bedspreads, which were fit to adorn a museum, to say nothing of their little Turkish shoes, elaborate Parisian toilet cases, and innumerable perfumes.

The diets in this hospital are arranged in seven schedules according to medical requirements, but it is a matter of pride that no difference is made between rich and poor patients. The food varies according to the disease, but not according to the pocket-book of the patient, the poorest receiving the same delicate diet as the richest.

It was all so fascinating we could hardly tear ourselves away. Generous provision is also made for entertaining foreign medical men who come there. A most beautifully appointed little dining-room is theirs, with table always set, and in the visitors' book we saw the names of many American physicians and others from all over the world.

Dr. Nicholas Senn, of Chicago, has written an account of this hospital in which he says: "This hospital, the just pride of the Sultan and the local profession, has few, if any, equals of its kind in the world. It was built and is maintained at the private expense of the Sultan as a memorial to one of his favorite little daughters, who died. The outside world knows little of the work of civilization and deeds of charity of his Imperial Majesty, Abdul Hamid II." He says further: "No private hospital offers more comfort, better nursing, or more attentive and careful medical and surgical treatment, and yet it is a rule established by the royal donor that no money shall be taken from any of the patients. . . . At the Sultan's special request sixteen beds have been set aside for the treatment of foreign patients that might apply for relief to any of the legations. All that is necessary to secure admittance is to apply to any of the Ambassadors for a recommendation. . . . The question of religion is never raised in admitting patients. . . . At least thirty-three per cent. of all patients in a given year were Protestants."

Dr. Senn also mentions a practical detail, which Dr. Ottley pointed out to us, in the examination of patients. There is a large polyclinic, or, as we would say, dispensary, connected with the hospital, at which twenty-five thousand cases were treated and supplied with free drugs last year. Every one of these cases, before being sent on to the department where he or she belongs, is examined in a preliminary station for possible infection. This most practical precaution is *not* observed, I know, in many of our large dispensary services in the United States. The hospital has several wards for acute infections, and special receiving- and examining-rooms for the same.

We next made a pilgrimage across the water and the hills to the

Scutari side, to Haidar Pasha, where the military barracks stand. These enormous and forbidding-looking barracks were utilized as a hospital during the Crimean War, and it was here that Florence Nightingale came to take charge. It stands on a beautiful site overlooking the blue sea, and near by stands a mosque with its domes and minarets. The barracks are three-story, of vast extent, built around an inner square, and having at each corner towers which have a look not unlike that of the Madison Square Garden in New York.

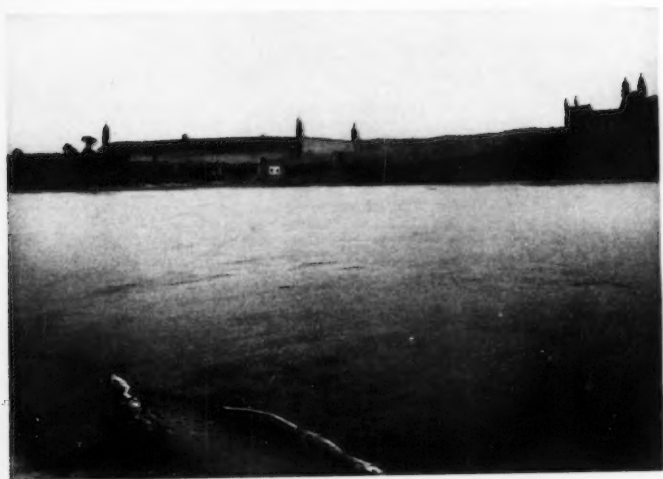
Useless would it be to try to describe one's sensations in beholding this old hospital. To see, first, the quiet gardens surrounding the hospital wards at Kaiserswerth, and the tiny ivy-covered house where Miss Nightingale lived, and then to look at this huge mass of buildings standing in its conspicuous position, seen from afar in every direction, seems to give an epitome of her wonderful life and work—the life so unobtrusive, the work so spectacular. As it is now all military, we could not enter without many ministerial permits, which might, at any rate, not condescend to a humble mortal of the (in Turkey) inferior sex.

After leaving it we drove to a small leper colony. It cannot be called a hospital, as no medical treatment or supervision was given, nor was it under charge of anyone, but just a tiny village given for the refuge of lepers, whose relations are allowed, if they wish, to live with them. And, indeed, we found a healthy young woman living with her leper mother and a wife or two with husbands. Their little homes were of two or three rooms each, built barrack fashion around a small court. We went into one and it was quite cosy and comfortable, with a divan and a brazier and a rug for furniture. They had a common water-supply and the entrance to their little commune was through a large gateway. They were all comfortably dressed and seemed quite cheerful and uncomplaining (but then the Oriental never does complain). They must have friends who supply their needs. As we went out they clustered about the gateway, and we gave them the munificent sum of twenty cents (five piasters, but a piaster is as good as fifty cents to them), in gratitude for which they lifted their voices in unison in a sort of chant, the weirdest and strangest little song I ever heard, and this followed us until we were out of sight.

L. L. D.

PRACTICAL POINTS

At the London Hospital, with babies or very young children after operation, or in cases of low vitality, the cribs are made up with a large, square pad or flat cushion of rubber filled with warm water under the draw-sheet. The warm water is periodically renewed, thus maintaining continuous warmth without fear of burns.



FLORENCE NIGHTINGALE'S HOSPITAL AT SCUTARI

BABIES' cribs in Rome in the hospital in charge of Sisters of Charity have the sides made of soft, heavy, loosely twisted cotton rope, something like that seen on old-fashioned country window-shades, put together in a simple macramé pattern.

In the Edinburgh Royal Infirmary one of the bathrooms of a gynaecological ward has a convenient arrangement for douching. A large douche-pail hung on the wall has a thermometer fixed in it, and by pressure on a foot-pedal a flow of hot and cold water into the pail can be produced and the temperature regulated to the exact point desired. Below the pail is arranged a wooden frame on which the patient reclines. It contains a circular opening with a receiving bowl below it connected with the waste-pipe. A rubber ring and pillow support the patient. This hospital also has little, ventilated closets for keeping specimens of excreta for the physicians. They are cut in the walls of the towers where the plumbing fixtures are placed, and cut right through to the air, protected outwardly by a grating and inwardly by a tight-fitting little door.

A CONVENIENT device noticed in the Edinburgh Royal Infirmary and the Royal South Hants and Southampton Hospital (doubtless also to be found in other hospitals) is a mechanical arrangement for cleansing bedpans. The device consists of a small water-pipe coil made in a shape which fits the bedpan. The coil is fixed in a deep slop-hopper, and is punctured with openings for the water, on the principle of a spray. A central opening sends up a strong, straight jet, the coils innumerable small jets. The bedpan is placed upside down on the fixture, and the water turned on either by a spigot or by a foot-pedal. The cleansing is instantaneous and perfect.

MISS MOLLETT has had made to order for supplies of carbolic, boric, bichloride, and other solutions earthenware demijohns with the name of the solutions burned in the front in the potteries. Hers are of Doulton ware, but could be made to order in any pottery. This does away with pasted labels.

Two quite opposite methods for the care of babies or very young patients after operation for hernia, noticed in English hospitals, are suggestive. The London Hospital uses the following plan: The little patient, dressed in woollen shirt and stockings, is held in position by a binder skilfully placed under the arms and attached to the sides of the crib, and by soft flannel bandages which hold the feet and are fastened at the crib's foot. No splints are used, but a sandbag at each side, covered with flannel and then encased in a pretty little linen slip, supports the position. The wound has been dressed quite thickly with gauze,

neatly covered in with rubber tissue, or, rather, a somewhat more durable tissue than the ordinary. The penis is then snugly encased in a wrapping of oiled silk, which forms a tube sufficiently long to enter a glass urinal, and this remains continually in position. The child is thus preserved from the possibility of wetting the dressing.

The Royal Hospital for Children in Edinburgh uses another method. Here the children are also dressed in warm little shirt and stockings, but are held in position by double side-splints with cross-piece at the foot. The wound is left entirely without dressings. Simply the sutures are protected by a thick sprinkling of boric acid powder, or whatever other powder the surgeon may use. The penis is left uncovered except for a sterilized soft towel. A cradle of proper size is lined with sterilized towelling and supports the bedclothes. The results are excellent.



ACUTE ARTICULAR RHEUMATISM.—The *Medical Record* in an abstract of an article in the *Deutsche Medicinal Zeitung* says: "Burwinkel, in discussing the present-day knowledge of this disease, says that the weight of evidence seems to favor the idea that acute articular rheumatism is a disease of the blood, in which the red cells are destroyed in large numbers and the fibrin content of the blood increased. As a result of this marked viscosity of the blood, hyperæmia and thrombosis in the capillaries of regions poorly supplied with vessels are likely to occur, with subsequent exudation. Statistics supplied by various authors, Burwinkel contends, show that the introduction of the salicylates cannot be viewed as a progressive step in the therapy of this disease, for not only are they accompanied by unpleasant after-effects, but there seems to have been an actual increase in the number of cases, with cardiac complications. The author's method of treatment comprises complete rest in bed until one week after absolute defervescence. The diet includes plenty of water, fruit, oatmeal soups, zwieback, milk, rice, and spinach, but no meat or meat-soups. Three or four times daily he gives the juice of one lemon, together with a teaspoonful of bicarbonate of sodium. Mild hydrotherapeutic measures are recommended. Thorough evacuations of the bowels are necessary. Great value is attached to bleeding, which may be done two or three times during the onset of the disease to the extent of one hundred and fifty to three hundred cubic centimetres (five to ten ounces)."

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: In replying to the question as to the success of hourly nursing from a professional and financial stand-point by one who has been engaged in it sixteen months, I would state that I have done "district" work for the association here for over a year, and so have some acquaintance with the physicians; this I consider almost absolutely necessary for one starting this line of work.

I found there was a great need among the physicians and laity for an independent visiting nurse, and the result of my first year is very satisfactory from all sides, and I am in better health than I have known for years.

My work began largely with the better class of my district patients, who would rather pay than have another nurse. I made a charge of twenty-five cents an hour to them and three dollars and a half for confinement, doing the labor and making six calls. I found the cheaper work often led to better paying cases, and now that I have advanced my charges find the majority able and willing to pay me. I charge from one dollar and a half to three dollars for operations, two dollars for massage, two dollars to three dollars for night duty, and fifty cents to one dollar a call of an hour.

For confinements I am charging three dollars, and fifty cents for each after-call, unless it be one of my poorer patients. I then make a charge of five dollars, visit every day for a week, then every other for two or three calls.

From the first I refused calls from any but the best physicians, and have always tried to help any of them out when they needed help in a charity case, and they always appreciated it.

I have now a nice little practice among the best people here and all adjoining towns, and expect each year the work will grow better.

I have made a rough estimate of my year's work financially, and find it equals what my salary would have been had I remained in the association. I have done about twenty-five dollars in charity work, and lost from twenty-five dollars to forty dollars in bad bills.

My calls come from many sources besides the physicians, but unless the case be the most ordinary (*i.e.*, giving a bath and making generally

comfortable someone simply indisposed for a few days) I call up their regular physician and ask if he has any special treatment he would like given, thus trying to keep on a purely professional basis. I would add that I have a telephone in my rooms, and when I am not here to answer my regular physicians telephone a drug-store near and leave the call or word to call them. I expect soon to put on an "extension line" into an adjoining suite, and the lady there will answer for me, and thus simplify matters and add to the work, as strangers do not know of the drug-store call and so I have lost some work, I know.

DEAR EDITOR: I read an article in *THE JOURNAL OF NURSING* for October asking for some information in regard to hourly nursing, and as I have been engaged in the work for the last three years will be glad to give what information I can on the subject. I have found it a very pleasant work, and so far it has been successful, as I had the coöperation of some of our best physicians and surgeons. I had cards printed stating my price—one dollar per hour for bath, rub, colonic flushing, vesical and vaginal douches, or whatever might be the needs of the patient, either medical or surgical cases. I also go to relieve the family at night when worn out, and when they have not had a nurse continually. I also took a course in massage, which I found very necessary in my work, and I think I have been quite as successful in that branch as the other. I also sterilize for the nurses doing obstetrical work when their time is so engaged they find it impossible to leave to do their sterilizing. I also prepare for minor operations in the patient's home. Of course, the majority of surgeons prefer their patient being in the hospital, so I do not have as much of that work as I would like to. I relieve nurses where the family do not care to have two nurses all the time, and they find it a great relief to have a second nurse come in. Of course, the hourly work is very like the continuous, being sometimes very flourishing, then a lull, but on the whole I consider it as lucrative as continuous nursing. I think as time goes on it will grow, and the doctors will find it to their advantage to employ the hourly nurse more than they do now. I enjoy the outdoor life and the variety of work. I hope this letter will be of some benefit to those interested in the work.

HELEN L. WILTSIE,
Graduate of St. Luke's, Chicago.

DEAR EDITOR: Referring to the letter written by your Harrisburg correspondent in the November issue, I fail to see her answer to the question, "How will the higher education affect the nurse in private

practice?" but I think her ideas on the subject of nurses and nursing erratic.

Starting with salary received, possibly in some of the larger cities twenty-five or thirty dollars per week may be charged and laundry included, but I think in the majority of places the salary asked is twenty dollars per week without laundry (unless it is a contagious case, then the laundry should be done in the house).

It was impressed upon us in our training-school course that people with illness in the home usually had as many expenses as they could meet and extra work to be done without our adding to it in the shape of personal laundry.

The next suggestion, that "it is quite a nurses' own fault if she sacrifices her health in trying to do impossibilities in the way of foregoing sleep and recreation," admits of difference of opinion. A nurse who has been in private work any length of time finds that the home is seldom run as systematically as usual. Whether it be father, mother, or child ill, there is generally a more or less chaotic condition existing, and sometimes for the first two or three days she hesitates about leaving the patient in charge of a relative or friend already over-anxious and over-worked. What shall a nurse do under such conditions? If in a wealthy family, it is easy to ask for a second nurse, but in the majority of homes where nurses are now employed the extra expense of an illness is keenly felt, and while the nurse is probably doing herself an injustice in thus overtaxing her strength, she does her utmost to care for her patient and keep expenses down as low as possible.

Not that many of us think ourselves martyrs. We consider nursing the highest and noblest work ever undertaken by woman.

We agree with your correspondent that "We are but human," but in some instances the friends of the patient forget and do not take especial precaution to try and have the house quiet when we are relieved.

More often in the earlier stages it seems that a superhuman effort on the part of the nurse is required to keep things going smoothly when all around are intensely anxious, and to protect the patient from friends who, through lack of strict obedience to the nurses' instructions, may do more harm in a few hours than nature can repair in as many days.

I do not know a nurse among my numerous acquaintances likely to stand twenty years of private nursing.

The last English statistics I read quoted ten years as the average professional life of a nurse, which include two and a half years of illness, leaving seven and a half years the average active life.

I also think very few nurses earn more than six hundred dollars per annum, five hundred being nearer the mark. Lung trouble, nervous

troubles, and typhoid fever with its attendant evils seem to be the fate of those who try to stick more closely to their work.

It always seems a great pity that people such as most training-schools demand should have to give up work at a time when their broad experience of people and things ought to make them more valuable in the sickroom than the younger graduates, who, while probably more up to date, lack that breadth of vision which comes only from contact with the people of the world. Yours cordially and courteously,

EMILY MEADS, Toledo, Ohio.

[We agree with Miss Meads that there are many cases where a nurse must risk her health for her patient, especially in the homes of the great middle class, where one nurse is all that can be afforded.—Ed.]

A number of very interesting letters are held over until the next issue.

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



THE CAUSES OF SMALLPOX, VARIOLOID, VACCINIA, CHICKENPOX, SCARLET FEVER, MEASLES, AND TYPHUS FEVER.—The *New York and Philadelphia Medical Journal* has a synopsis of a paper in the *Roussky Vrach* which is of interest: "Neviadomsky announces the discovery of a vegetable microörganism which he claims is the cause of smallpox. This organism possesses an extraordinary set of morphological and biological properties. Inoculations of cultures of this germ cause the development of a characteristic pustule, and the inoculation of the contents of the pustule produces a series of similar pustules in other animals. The same microörganisms were found in pure cultures in cases of varioloid and vaccinia. The microörganisms thus found, therefore, decides the question as to the relationship of smallpox, varioloid, and vaccinia. The author was able to find also a germ which is the cause of chickenpox, but is not identical with that of smallpox. He was not satisfied with these discoveries, and found, further, the germs of scarlet fever and measles respectively, which resembled each other in shape but varied considerably as to their biological properties. The author promises to publish further details later."

OFFICIAL REPORTS

IN CHARGE OF

MISS MARY E. THORNTON,

500 West One Hundred and Twenty-first Street, New York City



[Contributors are requested to write only on one side of the paper and to be careful to have names of people and places very plainly written and correctly spelled. When material can be type-written it is greatly appreciated by the editor.]

Material for this department should be in the hands of Miss Thornton before the fifteenth of the month, and last items and very brief announcements must reach the Editor-in-Chief at Rochester not later than the twentieth of the month preceding the date of issue.—Ed.]

NEW YORK STATE MEETING

(Concluded from page 128)

THE New York State Nurses' Association held its semi-annual meeting on October 18 at the League of Political Education, New York.

The morning session was devoted entirely to regular routine business, registering of delegates and members, and adopting and amending the proposed revision of the constitution and by-laws.

The afternoon was spent in a most interesting way. Miss S. F. Palmer read Secretary Hitchcock's annual report of the Board of Nurse Examiners, given on page 171 of this issue. Answers to the numerous questions that have been raised lately with regard to delays in granting registration certificates will be found in this report. Immediately following Dr. J. A. Miller addressed the members on the modern treatment of tuberculosis.

He gave a brief outline of the past treatment of the disease, beginning with Koch and Brahmer, which, though tested most earnestly, had been found wanting. The hope that had been felt in inoculation and X-ray treatment had not been fulfilled, and the desired result had not been obtained.

Dr. Miller and his co-workers had started from the stand-point of proper living as nearly as they could obtain it, the fundamental principles being rest, fresh air, and food. The general principle is to build up the system. This work can be and is being done right here in New York City. Although the advantages of climate are great, unless the three fundamental principles mentioned were observed they would count for little. The importance of early diagnosis was much emphasized both in the instance of the nurse and physician.

That consumption is not hopeless and is preventable has led to a crusade against tuberculosis by medical, charitable, and sociological societies.

Nurses are prominent in all three fields, and to them falls not only a large portion of the work as auxiliaries in stemming the progress of the disease, but on their intelligent watchfulness is devolved the responsibility of preventing the disease. A slight cough or cold may prove very injurious, and if lasting more than a month, should be regarded suspiciously. If the disease is taken in its early stage seventy per cent. of the cases can be cured, and in later stages twenty

to twenty-five per cent. can be helped along the lines already specified to comfortable living. This fact, being proven beyond a doubt, has led to a coöperation which should yield results gratifying even to the most sanguine.

Many of the hospitals in New York would do more of this work if they had the facilities, though through the assistance of the United Charities, the Hebrew Charities, and the Board of Health much has been done to reduce the death-rate of the city.

Throughout the State there are a number of institutions (hospitals and sanitariums) that are doing good work for tuberculosis patients; for instance, Ray Brook, Liberty, Bedford, Stony Wold, St. Gabriel's, Sea Breeze (the latter for scrofulous children), New York City Dispensary, the Rochester Dispensary, and now the movement has been started in Boston and Philadelphia. The work of these institutions is to point out ways and means for better sanitation, teach the preparation of foods, and distribute eggs and milk.

At Bellevue the work is being advanced as far as facilities allow. About twelve patients are cared for there in tents protected from wet and draughts, and when the weather permits they live in the open air. A number of patients are treated at the dispensary too. The success of the treatment lies in the hands of the nurses; each and every one is a relief society in herself. The closest kind of coöperation is necessary to reach our end, and the possibilities of eradicating this disease must be found in them.

The number of nurses who are unwilling to take a consumptive patient is surprising. Rich and poor suffer alike in this respect, many being sent from pillow to post, whereas the service of a competent nurse would save much suffering, and perhaps in nine cases out of ten be the means of restoring the patient to health.

The trained nurse should not fear contagion in this disease any more than she would in typhoid fever. The development of the disease in the nurse indicates carelessness as much in one disease as the other. It is an unusual thing for consumptives, when the danger of infection is explained to them, not to guard against spreading the disease.

The trained nurse has the means at hand to detect the early symptoms in cases, and should send the patients to a doctor at once, though they may sometimes be in error as to the diagnosis. Instances of the latter have occurred, and patients in sound condition have been receiving milk and eggs for some time before the mistake has been discovered. It is far from easy to induce patients to tell their symptoms intelligently, also to gain their confidence.

The work in the various settlements must help to stamp out this disease, and will do so among the poor. It is not alone the work for a limited number of enthusiasts, but every nurse should feel it her duty and privilege to take it up.

Mr. Easton, social worker at the Metropolitan Hospital, made the following remarks, after referring to Dr. Miller's talk as having explained the various agencies at work in New York City:

"That the observance of better sanitation had been proved by the decrease of the death-rate in the past; that the poor could only be reached or raised to any state of healthful living by changing their standards of life; that every nurse was a missionary, or should be, to raise the poor out of their deplorable condition; that the nurse should come in touch with their daily life, not in the sense of companionship, but rather good-fellowship, so that the knowledge that would enrich them might not in any way detract from her position, but rather

enhance the graciousness of this gift of knowledge by making the recipients feel that it is her kindly interest and not her pity.

"To better the condition of the poor from every avenue should be the motive behind every act of the nurse. It should be as her religion that their social life should be made better through her superior knowledge not only as to the needs, but as to a remedy."

At the close of Mr. Easton's remarks the progress of the movement against tuberculosis throughout the State was cited in various reports from nurses engaged in this particular field. In Rochester the work began six weeks ago, and had been a little slow owing to the difficulty encountered in winning the confidence of the poor, but Miss Phelan had about thirty patients.

Miss Nelson, of the New York City Board of Health, explained the manner of procedure in her department. The ground to cover was very extensive and the duties of the nurse were rather as an observation committee than actual nursing. Where food was needed the patients were recommended to the diet kitchens, and in cases of extreme illness the patients were persuaded to go to a hospital; in fact, these removals were sometimes enforced without the consent of the patients or their friends when the well-being of the other inmates of the house was in jeopardy.

Miss Bewley, of the Presbyterian Hospital, New York, told of the special work that hospital had been enabled to carry on owing to the coöperation of Mrs. W. K. Vanderbilt. The work was yet in its early stages, and at present only about half of the intended force engaged in it. The visiting nurses worked principally in the eastern part of New York and the Bronx, as well as being present at clinics in the Vanderbilt Clinic on Sixtieth Street.

Miss Foreman, of the New York Colored Mission, read a very interesting paper on the work among the colored people. Much tact was needed, and the same difficulty of winning confidence seemed to prevail. A great lack of institutional care was felt in this branch owing to the preference for white patients in the hospitals. The crowded condition of the tenements in the districts where the colored people congregate retarded the progress of the work. The sanitary conditions were most deplorable.

Miss Aline was called upon to say a few words about her work at Teachers College, but in the limited time she could only attempt a very brief outline, and extended a very cordial invitation to visit the school to all members present.

After the election of Misses Goodrich, Rykert, and Brooks as the three members from the floor to act with the trustees as a Nominating Committee the meeting was adjourned to meet in Albany in April.

MARGARET SUTHERLAND, Secretary.

PENNSYLVANIA STATE MEETING

THE Graduate Nurse's Association of the State of Pennsylvania held its second annual convention in the College of Physicians at Philadelphia on October 26, 27, and 28.

The first session was opened with prayer by Dr. J. Henry Addison, moderator of the Presbyterian General Assembly, followed by an address by Mrs. Kirkbride, chairman of the Legislative Committee of the Civic Club, of Philadelphia. Mrs. Kirkbride welcomed the nurses to the city, not only on her own behalf, but as well on the part of the members of the club, which is composed of six hundred women much in sympathy with the work of the nurses.

Letters from other influential women's clubs throughout the country were read by the secretary.

Miss Banfield, of the Polyclinic Hospital, Philadelphia, made an address which embodied her paper on registration printed in a recent issue of *American Medicine*. This was followed by an address by Dr. Beatty, chairman of the Examining Board for Physicians of Pennsylvania.

A paper was drawn up by the Legislative Committee and read to the association covering the salient points of the registration bill, which was not in quite the proper shape for presentation.

Ninety-seven members were admitted.

The association accepted an invitation from Scranton to hold the next quarterly meeting in that city.

The following officers were elected and committees appointed: President, Miss Anna E. Brobson, 5729 Knox Street, Germantown, Pa.; first vice-president, Miss Constance V. Curtis, Phoenixville Hospital, Phoenixville, Pa.; second vice-president, Miss Williamina Duncan, 440 Sixth Avenue, Pittsburg, Pa.; secretary, Mrs. Edwin Lewis, 523 Second Street, Braddock, Pa.; treasurer, Miss A. M. Shields, The Infirmary, Mt. Airy, Pa.; chairman Membership Committee, Miss Nellie Cummiskey, 741 Spruce Street, Philadelphia, Pa.; chairman Legislative Committee, Miss Edith Maderia, 320 Walnut Street, Philadelphia, Pa.; chairman Revision of By-Laws Committee, Miss Helen Greaney, 401 Oriental Avenue, Atlantic City, N. J.; chairman Nominating Committee, Miss Green, Memorial Hospital, Johnstown, Pa.; chairman of the Press and Publication Committee, Miss Mary J. Weir, South Side Hospital, Pittsburg, Pa.

RHODE ISLAND STATE MEETING.

A MEETING of the Alumnae Association of the Rhode Island Hospital Training-School for Nurses was held in the Young Men's Christian Association Hall, Providence, R. I., on October 19, at three p.m. All graduate nurses from other training-schools resident in the State were invited to attend. Sixty-four nurses registered at the meeting, and some of the prominent physicians of the city were present and spoke in favor of State registration. Miss M. J. MacPherson, president of the Alumnae Association, presided.

Among the physicians who addressed the meeting were Drs. G. T. Swarts, superintendent of the State Board of Health; John M. Peters, superintendent of Rhode Island Hospital, and Dr. H. G. Partridge.

Among the nurses who spoke were Miss E. L. Stowe, of New Haven, Conn., former superintendent at the Rhode Island Hospital Training-School; Miss Lucy C. Ayers, the present superintendent at the hospital, and Miss Wilcox, a graduate of the Johns Hopkins, Baltimore, Md., who spoke about the Maryland bill for State registration.

Considerable enthusiasm was shown by the nurses at the meeting, and they took action by appointing a committee of six to draw up a bill and report at a future meeting. The committee comprises the president, Miss M. J. MacPherson, Mrs. Donald Churchill, the Misses S. S. Irish, M. C. Gardner, W. L. Fitzpatrick, and L. C. Ayers.

THE annual meeting of the New Jersey State Nurses' Association will be held in Oraton Hall, Newark, on December 6, 1904, at two-thirty p.m. Dr. Edward J. Ill will give an address, Miss Sophia F. Palmer an informal talk on

registration and the JOURNAL, and full reports from all committees will be in order. The election of officers for the year makes this an important meeting, and it should be largely attended.

LAURA R. MACHALE, Secretary.

EXTRACT OF REPORT OF HOSPITAL ECONOMICS COURSE, TEACHERS COLLEGE

"MISS ANNA L. ALLINE, instructor specially in charge of the Hospital Economics Course at Teachers College, reports that this year's students are taking hold of the work with great enthusiasm and appreciation. The difficulties in the new way of handling the practice teaching have been many, but things are already adjusting themselves in a satisfactory way. Miss Alline says that it means a great deal of work which can never show on their programme cards, but which is certainly a great benefit to the students.

"The students' visits to various hospitals in New York have had their usual share of interest. Miss Goodrich, of the New York Hospital, most kindly invites two students at a time to spend the afternoon, and in this way the teaching becomes really individual work and very profitable to the student. Miss Maxwell, of the Presbyterian Hospital, also takes much trouble in giving the students everything that is possible.

"MAUD BANFIELD, Chairman."

Sums contributed since last report:

Miss Eva Allerton.....	\$5.00
Miss E. C. Watson, through Miss Allerton.....	25.00
Mr. Granger A. Hollister, through Miss Allerton.....	25.00
Dr. W. A. Keegan, through Miss Allerton.....	25.00
Miss P. L. Dolliver.....	10.00
Miss Mary A. Mackenzie, through Miss Dolliver.....	5.00
Miss Mary L. Keith, through Miss Dolliver.....	10.00
Miss Lucetta J. Gross.....	10.00
Buffalo General Hospital Alumnae Association.....	25.00
Miss Boettcher, Faxon Hospital.....	5.00
Miss Tamar Healy, Brooklyn Hospital.....	10.00
Miss Maud Banfield.....	10.00

For the Endowment Fund:

J. E. P.....	25.00
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[A list of contributions amounting to nearly three hundred and fifty dollars has been received too late for this issue.—Ed.]

FROM THE CLASS IN HOSPITAL ECONOMICS

THE course in hospital economics is growing especially interesting as we become more familiar with the subjects in the course of study.

We enjoyed a short vacation at the close of October in commemoration of the one hundred and fiftieth anniversary of Columbia University.

During this vacation Miss Alline invited the class to spend a social evening with her, which we all enjoyed very much.

In our excursions during the past month we visited the Presbyterian Hospital, the superintendent of nurses, Miss Maxwell, taking especial interest in the class, giving us instruction and methods in the management of the different departments. We also visited St. Luke's Hospital, which is proximate to the

college, Miss Wilson, the superintendent of nurses, spending the entire afternoon conducting and instructing the class in the management of that institution.

A social and very pleasant feature of these visits is an enjoyable tea.

We visited the Charity Organization Society, learning something of their method of caring for the needy. We welcome a new member to our class, Miss Ambrose.

This month a new Physical Education Building, with a finely equipped gymnasium, has just been opened for the benefit of all students.

MARGARET D. JAMIESON.

REGULAR MEETINGS

NEW YORK.—The seventh annual meeting of the alumnae of St. Luke's Hospital Training-School for Nurses was held on November 1 at eight P.M. at St. Luke's Hospital Vanderbilt Pavilion. In the absence of the president the chair was taken by the vice-president, Miss I. L. Evans, at eight-fifteen.

After the roll-call and minutes of the previous meeting had been disposed of, the work set aside for the special committee, not having been completed, was postponed for further investigation.

Miss Evans, chairman of the Registry Committee, gave a very gratifying report of the progress of the registry that had been established at St. Luke's Hospital by the generous coöperation of the Board of Managers, and under the control of the Alumnae Association. Mrs. S. S. Spalding, delegate to the New York State Nurses' Association Convention, being unable to be present, sent a very detailed account of the meeting held on October 18.

As the revision of the membership list is in order only at the annual meeting, fourteen names were transferred from the active membership to associative, as these nurses have given up active nursing for one reason or another.

The treasurer's report showed a much larger expenditure than any former year, owing to greater demands on the sick benefit fund, expense of the revision of constitution and by-laws, the purchase of a mimeograph, and also outlay in connection with establishing the registry.

The matter of increased hospital nursing rates, which is under discussion by other alumnae associations, was laid on the table, as the matter had already been before the association and could not be taken up again until the expiration of the term of the present officers.

The annual report of the secretary gave an outline of the events of the busiest and most eventful year in the history of the association. In the early part of the year a very successful fair had been held, the proceeds of which were added to the fund for endowing a room, and by February, 1904, a private room for sick graduates was at the disposal of the alumnae for four months out of the year. Already several have used the room, and there is yet about seven weeks to the credit of the alumnae before the expiration of the first year.

During the year there have been six regular meetings, three special, eight executive, and one social. The latter was held April 21 with the object of giving the members an opportunity of meeting the graduating class of 1904. The executive meetings were held from time to time to instruct delegates to the different conventions to look into the demands of a sick-benefit fund, to sanction necessary expenditures by the treasurer, also to change the dates of two regular meetings, as they conflicted with the dates of the meetings of the New York County Association.

A very important work completed was the revision of the constitution and

by-laws, which, with the growth of the association, greatly handicapped the work. Many changes were made, probably the greatest that all members are now entitled to the privileges of the sick benefit, instead of heretofore, when it was a fund subscribed to by members in addition to the regular dues. There have been twenty-two new members, one resignation, and five dropped, giving a total membership of one hundred and twelve.

The sum of four hundred dollars has been appropriated to meet the current and contingent expenses of the coming year.

After fourteen new members had been elected, the names of the new officers for the coming year were announced as follows: President, Mrs. Stone; vice-president, Miss Hixson; recording secretary, Mrs. S. Spalding; corresponding secretary, Miss Norton, 49 West Thirty-eighth Street; treasurer, Miss C. B. McMillen, 219 West Eighty-third Street. Meeting adjourned at nine-fifty P.M.

BUFFALO.—The regular meeting of the Erie County Hospital Alumnae was held at the hospital on October 5 at three P.M., the president, Mrs. Gustin Welch, of Niagara Falls, presiding. Owing to the absence of the secretary, Mrs. Bullett, Miss Keating acted as secretary pro tem. The usual routine business was transacted. It was suggested that a social meeting be held soon, for the purpose of raising funds for the incorporation of the Training-School. The graduates from this school are now debarred from registration under the State law only on account of lack of incorporation, and each one is anxious to do her share towards the work of incorporation. The nurses at 344 West Avenue immediately offered to open their home on the evening of October 14 for a card party, for which a Committee of Arrangements consisting of Misses Cox, Culver, Flickinger, Gillette, and Keating were appointed and all the members present pledged themselves to sell as many tickets as possible for the occasion. The resignation of Miss H. McKinnon, who has been abroad for some months, from the Press Committee was received and accepted. This leaves Miss Keating alone on the committee, and she was instructed to choose two associates. The president reported the death of one of the members, Miss Mary A. Curry, of Niagara Falls, on October 2, after a lingering illness, of heart trouble. A floral tribute was ordered in the name of the alumnae by the president. A Committee on Condolence, consisting of Miss M. B. Langworthy, Miss Florence Dark, and Mrs. E. Bullett, three of her classmates, was appointed to draft resolutions and send them to her family, *THE AMERICAN JOURNAL OF NURSING*, and have them placed on the minutes of the association. The names of Miss Mary Grace, Miss Augusta Primps, and Mrs. H. L. Kolseth were presented for membership and they were elected. Shakespeare was decided upon as the author whose quotations would be given in response to roll-call at the next meeting. The meeting adjourned at five-thirty P.M. The social meeting, in the form of a card party at 344 West Avenue, was a great success both socially and financially. The attending physicians of the hospital bought tickets quite generously, and between twenty and twenty-five dollars were netted for the incorporation fund. About half a hundred of the nurses and their friends were present and a very enjoyable time was spent at progressive pedro. Mr. Porter won the first prize for gentlemen and Mrs. A. Dodge the ladies' prize. Dr. Gustin Welch won the gentleman's consolation prize and Miss O'Brien the ladies' consolation prize. The Entertainment Committee served dainty refreshments at the close of card-playing, and it was decided by all that these pleasant evenings were not often enough enjoyed by the nurses and their friends.

ORANGE.—The annual meeting of the Alumnae of the Orange Training-School for Nurses was held at the Visiting Nurses' Settlement on October 18, 1904. The meeting was opened by the president. Yearly reports from both treasurer and secretary were read. Announcement was made of the marriage of Miss Jane Powers to Mr. George Sugg, and Miss Susie Saunders to Mr. Frederick Adams. An invitation was read from the president of the Training-School for all nurses to meet Miss Metcalfe at the Nurses' Home on October 26, also a note from Miss Margaret Pierson saying she would be "At Home" to nurses the last Wednesday of each month, beginning December 28, and would be happy to see either socially or on business the graduates and undergraduates. Miss Damar, of New York, gave a talk on "Tuberculosis, Preventive and Curative," at the Visiting Nurses' Settlement on October 20, and through the courtesy of Miss Anderson all nurses were able to procure tickets free. Eight new names were added to the membership roll. Miss Bronis has accepted the charge of the anti-tubercular work and Mrs. Dodge, our representative, gave an encouraging report of the work accomplished by the visiting nurse who is to be supported by the graduate nurses. Mrs. Blagbro was appointed as Mrs. Dodge's assistant. Mrs. Stephen spoke briefly of the Berlin Convention, a full report having been given through *THE AMERICAN JOURNAL OF NURSING*. It was decided to give the annual reception to the graduating class of 1904 at the home of Miss Druge, 449 Main Street, and Miss Elizabeth Pierson as chairman, with Miss Sarah Coomber and Miss Jane Sims, were appointed as a committee to make the necessary arrangements. It was with deep regret that the death of one of the former members, Miss Agnes Tye, was announced. The motion was made and carried that a letter of condolence be sent to the bereaved family. The alumnae reluctantly accepted the resignation of the president, Miss Margaret Anderson, and treasurer, Miss Margaret Squire, and the following officers were elected for the coming year: For president, Miss Janet Houlden; first vice-president, Miss Marie Wehrly; second vice-president, Miss Carrie Gerhart; treasurer, Miss Cora Swan, and secretary, Miss Anna E. Greatsinger. After a hearty vote of thanks to the retiring officers the meeting adjourned and a pleasant social hour with refreshments was enjoyed by all.

WASHINGTON.—The first regular meeting of the Garfield Memorial Alumnae Association after the summer vacation was held at the hospital on Tuesday, October 11. The meeting was called to order by Miss Helen Gardner, vice-president, in the absence of the president, Miss Rule, who took the chair later in the meeting. The minutes of the May meeting were read and approved. The chairman of the Executive Committee stated that a meeting to consider the questions of the choice of a regular place of meeting for the association and the programme of work for the coming winter was held, but that in the absence of a quorum no business was transacted. The principal of the Training-School, Miss Nevins, addressed the members and urged the special endeavor of the nurses to adequately prepare for the convention of the Associated Alumnae and for the convention of the American Society of Superintendents, which will be convened in Washington during the coming year. The association referred Miss Nevins's invitation to hold its meeting at the home hospital to the Executive Committee for action. The report that Miss Palmer, the editor of *THE AMERICAN JOURNAL OF NURSING* and the organizer of the Garfield Hospital Training-School, would visit Washington

during the winter was of much interest to the alumnae, who anticipate much pleasure in seeing this prominent worker in the nursing world.

TORONTO.—On October 11 the annual meeting of the Alumnae Association was held in the lecture-room of the General Hospital, Miss Clara Green in the chair. The following officers were elected for the ensuing year: President, Miss Annie Lennox; first vice-president, Miss Grace Hodgson; second vice-president, Miss Lucy Bowerman; secretary, Mrs. James G. Begg, née Agnew; treasurer, Miss Mary Dongal; directors, Miss Edith Hargrave, Miss Clara Green, Miss Agnes Boyd. Miss Harriet Thompson, about to sail for India after being at home on furlough for one year, addressed the meeting. She stated that she was expecting to organize a training-school for nurses in the Mission Hospital, Indore, Central India, for the purpose of training native women. There were twenty-three new members added during the year, and eight joined at the annual meeting. Total membership, one hundred and twenty-one. Before the meeting closed Miss Snively extended an invitation to the alumnae to hold their annual reception in "The Residence."

CHICAGO.—The first three meetings of the year held by the Alumnae Association of the Illinois Training-School, Chicago, have been unusually pleasant and interesting. Two meetings have been devoted to the Central School idea—not a central preparatory school, but a central college for nurses, from which many hospitals could be supplied. Most of those reading papers or taking part in discussion seemed to think some such change would come in time. The place of meeting has been changed from the Nurses' Home on the West Side to rooms at 39 State Street, in the central part of the city. While we miss the familiar surroundings of the home and the welcome we always found there, we find that many nurses can attend the meetings in the more central location who could not get over to the West Side. A concert given for the benefit of the endowment fund for our nurses' room in the Presbyterian Hospital brought in nearly one hundred dollars.

NEW YORK.—The New York Hospital Alumnae held the first autumn meeting in the lecture-room of the Training-School on October 12. The following motion was carried by acclamation, "That Miss Irene H. Sutcliffe be made honorary superintendent of the club; that a room be set apart for her exclusive use, a place reserved for her in the dining-room, and all the privileges of the club be extended to her for life." Miss Sutcliffe's nurses feel that there will be a genuine home-life in the new house if she will spend part of her time with them, giving them the help of her sympathetic presence. Miss A. E. Clarke entered on her new duties as superintendent of the club on October 1.

NEWPORT, R. I.—A meeting of the graduates of the Newport Hospital was held at Newport, R. I., and an Alumnae Association was formed to be known as "The Alumnae Association of the Newport Hospital Training-School for Nurses of Newport, R. I." The following officers were elected for the ensuing year: President, Miss Adeline A. Tuck, Melville Station, Newport, R. I.; vice-president, Miss Orlo R. Roach, 37 Sherman Street, Newport, R. I.; secretary, Miss Edith A. Babcock, 2 Parkman Place, Dorchester, Mass.; treasurer, Mrs. George Child, 5 Summer Street, Newport, R. I. The annual meeting will be held the first Tuesday in August at Newport.

DETROIT.—The adjourned September meeting of the Detroit Graduate Nurses' Association met on October 7 at Swain Home, Harper Hospital. Miss Rose Smith was elected recording secretary to fill the vacancy made by the death of Miss T. E. Hartford. Eight new members elected. Voted, to engage Mrs. Emma D. Fox for another course in parliamentary law. Voted, to give fifty dollars to the Endowment Fund, Hospital Economics Course, Columbia College. [Italics are ours.—Ed.] A motion to invite the Nurses' Associated Alumnae of the United States to meet in Detroit in 1906 was carried unanimously. A committee was appointed to draft resolutions on the death of Miss T. E. Hartford.

NEW YORK.—The Lebanon Hospital Alumnae held a special meeting at the hospital on Tuesday, November 8, which was largely attended. The president, Miss Grace Harrington, was in the chair. During the usual routine of business a motion was made and passed calling for the appointment of a committee to engage lecturers on various subjects during the coming winter, the Misses R. Saffair, E. Nesbitt, I. Michaelson, L. Doyle, and M. Hinrichs being appointed the committee. After the meeting the application blanks for State registration were distributed among the members present. The meeting adjourned at four-thirty P.M., after which refreshments were served.

PHILADELPHIA.—The monthly meeting of the Alumnae of the Woman's Hospital Training-School was held at the hospital on November 9, 1904. Twenty-nine nurses were present. Five new members were admitted and several names proposed for membership. The treasurer of the Nurses' endowed bed fund reported eighteen hundred and forty-seven dollars now on hand. A thank-offering for the bed fund was collected from members present which amounted to nine dollars, and thirteen dollars were promised. After the meeting adjourned those present were entertained with coffee and cake by Dr. Seabrooke, whose kindness to the nurses is very much appreciated.

CARBONDALE, PA.—The Local Nurses' Alumnae Association of Lackawanna County was called together on September 16, 1904, for the purpose of forming a county association. The Lackawanna County Nurses' Association was then organized. The following officers were elected: President, Miss E. Gamewell, Scranton; vice-president, Mrs. M. L. Bailey, Carbondale; secretary, Miss Ora E. Loomis, Carbondale; treasurer, Miss Beven, Scranton. Miss Ora E. Loomis was chosen as delegate to represent the association at the State Convention to be held in Philadelphia on October 27, 28, and 29.

NEW YORK.—The Alumnae Association of the New York City Training-School for Nurses held its monthly meeting at the New York Academy of Medicine on November 8 at three P.M. The president, Miss J. Amanda Silver, presided. After the reading of the minutes of last meetings two new members were admitted. A most interesting paper was read by Dr. Edward Milton Foote on "Surgery." Several members who are not often able to be present received most cordial greetings and old friendships were renewed over the social cup of tea in the banquet hall.

NEW YORK.—At the annual meeting of the Alumnae of the Roosevelt Hospital Training-School, held on November 3, 1904, the following officers were elected: President, Miss Grace Arnold Knight; vice-president, Miss Jessie Downing; secretary, Miss Grace M. Rundell; treasurer, Miss Mayme Francis. It was reported that out of a membership of ninety, forty had sent in their applications for State registration. The subjects of incorporation and revision of the constitution and by-laws are occupying the attention of the association at present.

NEW YORK.—At the annual meeting of the German Hospital Alumnae, held in November, the following officers were elected: President, Miss Lavinia Chapman; first vice-president, Miss Wilh. Augenstein; second vice-president, Miss Christine Wacker; treasurer, Miss C. Lutsch, 1107 Lexington Avenue; secretary, Miss Kate Martensen, 1107 Lexington Avenue; assistant secretary, Miss Lina Ricke; Executive Committee—Miss Jah. Kritzner, Miss B. Fritsch, Miss A. Bredehorst.

KINGSTON, CANADA.—The Nurses' Alumnae of the Kingston Hospital, Canada, gave a most enjoyable ten-cent tea in the Nurses' Residence on October 25, at which the sum of seventy dollars was cleared.

NEWARK, N. J.—The regular fall meeting of the Alumnae Association of the Hospital of St. Barnabas Training-School for Nurses was held on October 13, 1904. Fifteen members were present. The meeting was one of unusual interest.

BIRTHS

IN August, to Mr. and Mrs. C. C. Corey, a daughter. Mrs. Corey was Miss Allen, of St. Mary's Hospital, Detroit, Mich.

IN October, to Mr. and Mrs. Shultz, a daughter. Mrs. Shultz was Miss Bailey, of St. Mary's Hospital, Detroit.

MARRIAGES

AT Niagara on the Lake, Canada, August 17, Miss Jessie McCallum, late secretary of the New York State Nurses' Association, to Dr. R. B. Schenck. Miss McCallum was graduated from Johns Hopkins Training-School in 1899. Dr. Schenck was connected with the hospital of Johns Hopkins for eight or nine years. Dr. and Mrs. Schenck are at home at 32 Winder Street, Detroit, Mich.

IN New York City, October 19, 1904, Miss Elizabeth Martin, graduate of St. Vincent's Training-School for Nurses, New York, Class of 1899, to Captain Alfred M. Hunter, Artillery Corps United States Army. Captain and Mrs. Hunter will be at home after November 15 at Fort Moultrie, S. C.

MISS EDITH LOUISE DONOGHUE, a graduate of the Roosevelt Hospital Training-School, of the Class of 1901, was married September 7 to Dr. F. D. McKenty. Dr. and Mrs. McKenty will reside in Gretna, Manitoba.

AT Ilion, N. Y., on October 11, Miss Mabel C. Duckworth, graduate of the Roosevelt Hospital Training-School, Class of 1901, to Mr. William John Powers. At home, 129 West Main Street, Ilion, N. Y.

AT Bristol, R. I., June 16, Miss Cora Byron Close, New York Hospital graduate, to Mr. Harry Fales Minsher. Mr. and Mrs. Minsher will reside in Bristol, R. I.

ON October 26, Miss Margaret Holihan, graduate of St. Mary's Hospital, Detroit, Mich., to Dr. Cunningham. Dr. and Mrs. Cunningham will reside in Detroit.

IN Hopewell, Nova Scotia, September 27, 1904, Miss Sarah Fraser, graduate of the Massachusetts General Hospital, Class of 1895, to Mr. William Pratt.

IN Manila, September 1, 1904, Eva Dora Weber, Army Nurse Corps, to Lyman Simms, cashier of the Quartermaster's Department.

MISS CLARA LUNDY, graduate of the General Hospital, Toronto, Class of 1903, was married on October 19 to Dr. Turnbull.

IN Manila, P. I., Mrs. Lillian Krauskopf, Army Nurse Corps, to Mr. Allen, civil engineer. At home in Manila, P. I.

IN Manila, Edith Mason, Army Nurse Corps, to Mr. Lascot.

OBITUARY

THE members of the Alumnae Association of the Hospital of St. Barnabas Training-School for Nurses, Newark, N. J., learned at their fall meeting, October 13, 1904, of the death of Miss Angelena M. Windeler, of the Class of 1896, on July 19 last, after an operation for appendicitis. The following resolutions were adopted:

"WHEREAS, We learn with deep regret of the death of our associate, Miss Angelena M. Windeler, who has been a nurse in active service since her graduation, and whose life has been one of faithfulness and conscientious work; therefore be it

"Resolved, That we, the members of this Alumnae Association of the Hospital of St. Barnabas Training-School for Nurses, desire to express our deep sorrow for her death, and to extend to her family our heartfelt sympathy in their bereavement.

"Resolved, That a copy of these resolutions be sent to her sister, a copy to THE AMERICAN JOURNAL OF NURSING, and a copy recorded in the minutes of this association.

"JEAN COUCHER,

"ANNIE BICKNELL,

"EMMA YOUNG,

"Committee."

IT is with deep regret that the Alumnae Association of the Erie County Hospital learned of the death of Miss Mary A. Curry, which occurred at the home of her mother at Niagara Falls, New York, on October 2, 1904.

"WHEREAS, It has pleased Almighty God in His wise providence to remove one of our members, Miss Mary A. Curry; therefore be it

"Resolved, That we, the Alumnae of Erie County Hospital, extend to Mrs. Curry and her family our heartfelt sympathy and commend them to the care of Him who doeth all things well; be it further

"Resolved, That a copy of these resolutions be sent to the bereaved family, a copy recorded in the minutes, and a copy sent to THE AMERICAN JOURNAL OF NURSING for publication.

"MARTHA B. LANGWORTHY,

"FLORENCE E. DARK,

"MRS. E. BULLETT."

At a meeting of the Methodist Episcopal Hospital Alumnae Association of Philadelphia, held September 15, 1904, the following resolutions were adopted:

"WHEREAS, Our All-Wise Heavenly Father has deemed it best to remove from our number one of our beloved members, Miss Laura Missimer, of the Class of 1899; therefore be it

"Resolved, That we, the Alumnae Association of the Methodist Episcopal Hospital, have lost in her a true friend and faithful worker.

"Resolved, That we extend to the bereaved family our heartfelt sympathy.

"Resolved, That a copy of these resolutions be sent to the family of our departed member, entered on the minutes of the association, and published in the *Hospital Visitor* and in THE AMERICAN JOURNAL OF NURSING.



HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

THE United Charities Hospital at Cambridge, Md., opens up its new buildings with ceremonies on Thursday, November 17. These buildings, which have been in course of erection for some time, are beautifully situated, well planned, and carefully built, and afford accommodation for about sixty patients.

MISS EMMA POWER, Johns Hopkins Training-School, 1901, has been appointed superintendent of the East End Hospital, Pittsburg, Pa., and begins her work there next month. She takes with her as head nurses Miss Mary E. Brown, Class of 1901, and Miss Elizabeth Griffin, Class of 1903.

PROJECTORS of the Oncologic Hospital met in the office of Dr. J. Solis Cohen and signed an application for a charter. This marks the actual beginning of the new hospital for cancerous growths to be erected in Philadelphia.

THE new Italian hospital at the corner of Seventh and Christian Streets, Philadelphia, has been opened for inspection by the Board of Directors and friends of the institution.

FOR the benefit of its employés, the Central Railroad will erect a hospital in Monterey, Mexico.

THE corner-stone of the hospital at Little Falls, N. Y., has been laid.

SOME OF THE WAYS IN WHICH HOSPITALS ARE AIDED

THE New Hackley Hospital at Muskegon, Mich., opened on November 17. For an institution of its size, with a capacity of sixty beds, this hospital is believed to be as complete, scientific, and modern in its plan and equipment as any yet built. It is the gift of Charles H. Hackley to his home city, which had already received from him many gifts of the most praiseworthy character, which with this represent a money value of more than one and a half million dollars. Aside from its endowment this hospital with its grounds has cost over two hundred thousand dollars. The new hospital is built on the pavilion plan. It has a central administration building facing the north, while connected with this by spacious corridors are the east and west pavilions devoted to the wards and rooms for patients. To the rear of the administration building is the service building, with kitchen, laundry, power, lighting, and heating plant. These four buildings are really one single building, constructed of the best materials and practically fire-proof. The extreme length from east to west across the front is two hundred and four feet, while from the front of the building to the south end of the service building is two hundred and fifty feet. The exterior walls are of red pressed brick, with foundations and stone trimmings of Bedford limestone. The roof is of red tile, while the windows are of plate glass. The main operating-room on the third floor contains all the most modern conveniences and appliances, with an X-ray room adjoining. Mr. Hackley has been

most generous in providing the trustees with everything to make the hospital complete, his constant aim being to get the best.

THE opening day receipts of the New York Subway amounted to five thousand five hundred and fifty dollars, which amount Mr. August Belmont, the president of the road, ordered divided between the city hospitals.

MR. CANTHRA MULOCK, of Toronto, has presented one hundred thousand dollars to the trustees of the General Hospital for the purpose of building an outdoor dispensary in connection with that institution.

MR. GEORGE ARENTS, JR., has presented to the Nassau Hospital, L. I., a check for one thousand dollars as the nucleus of a fund to establish a ward for private patients at that institution.

MR. J. A. TRAUT, president of the New Britain (Conn.) General Hospital, has contributed one hundred dollars towards the equipment of the operating-room.

BY the will of the late Mariana Arnot Ogden the Arnot Ogden Memorial Hospital of Elmira, N. Y., receives two hundred thousand dollars.

TRAINING-SCHOOL NOTES

THE graduating exercises of the Training-School for Nurses of the Toronto General Hospital were held October 21, the fiftieth anniversary of Florence Nightingale's departure for the Crimea. Though the evening was stormy, a very large audience gathered. Speeches were made by Sir William Meredith, Dr. F. Grossell, Mr. J. W. Flavell, Canthra Mulock, and others, after which there was a reception in "The Residence," with music, dancing, and refreshments. Miss Snively gave an interesting report in which she stated that eighteen graduates had accepted hospital positions during the year. There had been many applications that could not be filled both from the United States and Canada. The total number of graduates from the Toronto General School is now four hundred and seven, three hundred and ninety-one of whom have been graduated under Miss Snively. Two hundred and forty-four special nurses had been employed for two thousand one hundred and eighty-three days during the year, an increase of eighty-nine nurses and five hundred and fifty-eight days over the previous year. As the Toronto General is a public hospital, this is an interesting item, as showing a great advance in the character of the nursing service. A preliminary course for nurses has been established at the Toronto Technical High School, covering a period of four months. Five of the eight pupils to take this course last year have been admitted as probationers to the Toronto General School. It is too early yet to speak definitely of the advantages of this course, but it is a step in the line of advanced methods of training.

THE Providence Hospital of El Paso, Tex., has graduated its first class of two nurses, Miss Lucy Houghton and Miss Marian Farmer. A large ward-room was decorated in blue and white, the class colors. Dr. Schuster, the president of the board, presided. There was an invocation by the Rev. J. M. White, and an interesting programme of music. Dr. Thompson made the address to the graduates, in which he said:

"A nurse may be gifted with the tongues of men and angels, she may be

blessed with a magnificent education, and she may have the benefit of the finest of training, but if she has not tact she will be continually in hot water. A nurse must work in the homes of the poor and of the wealthy surrounded by all the advantages and in the most meager surroundings, in the homes of the Pharisee and Sadducee, Jew and Gentile, and people of every political and religious faith, and unless she exercises constant tact she will find herself always harassed by annoyances."

Above all else Dr. Thompson emphasized the need of making usefulness the great aim of the nurse's life. Duty is of all-importance, and all else, he said, should be subordinated to it. Dr. Higgins also made an address, and Miss A. Louise Dietrich, the superintendent, presented the nurses with badges.

A PRETTY Hallowe'en party was given by the Faxon Hospital nurses, which was much enjoyed by the invited guests as well as by the nurses themselves. The first floor of the Florence Nightingale Home was thrown open for the event. Apples were suspended from chandeliers, and some floated in a tub, with the usual snapping attempt to secure one of them. Bouquets of parsley and red peppers decorated mantel and doorway, giving quite a harvest festival effect. At the main entrance two vividly carved jack-o'-lanterns announced welcome with grinning hospitality. Surprises occurred throughout the feast. First, several tried their matrimonial prospects by being blindfolded and dipping their fingers into fateful dishes of fluid. Fortunes were told by a nurse expert in fortune-telling. A cake containing a coin and a ring was next drawn upon. Last of all, a huge pie was produced with a paper crust so perforated as to emit twenty strings, the number of invited guests, who, grasping the ends of the same, drew forth each a gift. All these pleasantries were interspersed with music and dancing, which, however, did not receive the usual attention because of the unexpected which was expected to happen. Attractive refreshments were afterwards served.

THOSE who are watching the effect of registration upon the education of nurses will note with interest an item in the last number of the *JOURNAL*, stating that the nursing in the Hospital for Crippled Children will in future be done by pupil nurses of the University of Maryland School, and form a part of their training. Furthermore, a graduate of the University School has been made superintendent of nurses at the Crippled Children's Hospital. Dr. Funstall Taylor, to whom this hospital owes its existence, is to be congratulated upon having adopted the best method known at present of carrying on the nursing of patients in a hospital devoted to the treatment of special diseases.

THE Garfield Hospital Training-School, Washington, has established a preparatory course of three-months' duration. The ground covered during this period is that usually devoted to such instruction, but owing to the fact that Miss Nevins is matron of the hospital as well as superintendent of nurses, opportunities for such teaching are unusually liberal and a very complete and thorough course has been instituted.

THE new nurses' cottage at the Erie County Hospital, Buffalo, is slowly nearing completion, but will not be ready for occupancy until sometime during the winter. The increased size of the building will enable the hospital to increase the number of nurses in the Training-School, which is much needed.

FOUR nurses were graduated from the Morton Hospital Training-School on November 4, 1904. Those who received the honors were Miss L. M. Anderson, Miss S. M. Dillon, Miss A. R. Murray, and Miss M. R. Conchete.

ARMY NURSE CORPS.—From the Report of the Surgeon-General for 1904:

"During the last fiscal year three hundred and twelve graduate nurses have applied for admission to the corps. There have been thirty-seven appointments (twenty-seven new, ten having had previous service) and thirty-six discharges. On June 30, 1904, the corps was filled to its maximum strength, having one hundred nurses on active duty, distributed as follows:

United States Army General Hospital, Presidio of San Francisco, Cal.	39
* United States Army General Hospital, Fort Bayard, N. M.	15
First Reserve Hospital, Manila, P. I.	34
Convalescent Hospital, Corregidor Island, P. I.	4
Base Hospital, Iloilo, P. I.	5
On detached duty at Zamboanga, P. I.	2
Home awaiting discharge.	1

100

"The increasing demand for nurses at the hospitals made it necessary to assign the work as dietist at the Hospital Corps Company of Instruction, Fort McDonald, Cal., to a nurse at large. It was formerly done by a member of the corps. There are at present five hospitals where trained nurses are on duty, two in the United States and three in the Philippine Islands.

"The health of the corps has been uniformly good. There has been no case of serious illness and no death during the year.

"For many reasons it seems that a more generous provision should be made for the subsistence of the nurses. The ration alone is wholly inadequate. Owing to the comparatively small number serving at any one place, the savings therefrom are too insignificant to create a fund which might otherwise be applied to the improvement of their mess. This is notably true in the Philippines, where the cost of living is high and the need of a generous diet is particularly important.

"It also seems desirable that some inducement to remain in the corps should be offered the older and most highly efficient nurses. An increase in pay of five per cent. for every three years of service would be in line with the procedure in other branches of the military establishment and attain the desired end at a trifling cost to the government.

"The nurses have shown themselves an efficient and dignified body of women. A medical officer commanding one of the large general hospitals writes: 'I have nothing but praise for the nurses of the Army Nurse Corps who have come under my observation. They have done faithful and most valuable work, and their services have been of inestimable value to the Medical Department.'"

PERSONAL

THE following members of the Class of 1904 of the Presbyterian Hospital in Philadelphia have accepted hospital positions: Miss Beatrice E. Connelly, head nurse of gynecological and obstetrical wards at the Allegheny General Hospital, Allegheny, Pa.; Miss Mabel Metzler, assistant superintendent Reading Hospital, Reading, Pa.; Mrs. Maude Barnes, night superintendent Sloane Maternity Hospital, New York, N. Y.; Miss M. Katherine Thatcher, head nurse of medical wards, Presbyterian Hospital, Philadelphia; Miss Mildred Clark, graduate

nurse of Dulles Ward, Presbyterian Hospital, Philadelphia; Miss Sophia D. Roess, head nurse of Altoona Hospital, Altoona, Pa.; Miss Mary Wenger, staff nurse at the Atlantic City Hospital, Atlantic City, N. J.

At Detroit, Mich., a committee meeting was held in October at the Mayor's office to make preparations for the memorial to be erected in honor of Sister Francis, of St. Mary's Hospital. The committee will have an addition built to the hospital and the plans prepared have practically been approved, Sister Francis being missioned to Carney Hospital, Boston, Mass., last September, after forty-one years of active service. Her name and work will live long in the memories of the hospital attachés.

MISS CHRISTIANA DICK, Johns Hopkins Training-School, 1899, has recently been appointed superintendent of the Baltimore Eye, Ear, and Throat Infirmary, a small hospital with an excellent out-patient department and with accommodations for both free and private patients. In view of the large place which diseases of the eye take in her work among the public school children, it would seem as if training in this important branch of work might become an essential feature of a nurse's education.

A DISTRICT NURSE for work in the country is needed by the District Nursing Association of Northern Westchester County, New York, Miss C. M. Wood, Mt. Kisco, N. Y., chairman of the committee. The association works through a number of villages on the line of the Harlem Railroad and has the use of four endowed beds in New York hospitals for its patients. It has been successfully carried on for four years and is now taking on a second nurse.

THE following nurses, members of the *alumnæ*, have been appointed to fill vacancies at the Roosevelt Hospital: Miss Fanny Newlands, head nurse in private patients' pavilion; Miss Mae Chamberlain, night superintendent; Miss Anne R. Milliken, nurse in charge of emergency department; Miss Grace E. Peck, head nurse children's medical ward.

MISS MARIE CLOSE has been appointed superintendent of the Altoona Hospital, Altoona, Pa. Miss Close has held the positions of night superintendent and head nurse of the surgical and nervous wards in the Presbyterian Hospital, Philadelphia, of which she is a graduate.

MISS ALICE I. TWITCHELL, graduate of the New York Hospital, has resigned the position of supervisor at Sandford Hall to accept that of superintendent of the New Rochelle Hospital at New Rochelle, N. Y., and commenced her duties on November 1.

MISS STELLA IRWIN has been appointed to fill the vacancy at the Emergency Hospital, Toronto, caused by the resignation of Miss Elizabeth Campbell Gordon, who has accepted the position of superintendent of the General Hospital at Kingston.

MISS ELIZABETH C. BURGESS and Miss Margaret Blair, graduates of the Roosevelt Hospital Training-School, Class of 1904, will have charge of the operating-room at the New French Hospital, West Thirty-fourth Street, N. Y.

MISS MARY M. McKECHNIE, recently superintendent of the Woman's Infirmary, Livingstone Place, New York, has returned to that city and is engaged at present in work in connection with tuberculosis under the Board of Health.

MISS AMY RULE, Garfield Hospital graduate, has resigned the position of superintendent of the Girls' Reform School, which she has held with credit for a number of years, her intention being to take up the study of medicine.

MISS MINNIE C. MORLEY, of the Class of 1904, Lebanon Hospital, New York, is very ill with typhoid fever at the above hospital. Miss Morley has been very successful in private duty since her graduation.

MISS M. A. NESBIT in a letter to the *British Journal of Nursing*, written from Kobe, Japan, on September 3, makes the statement that the American nurses are now on their way back to America.

MISS MAY BASTEDO, of the Class of 1900, Toronto General Hospital Training-School for Nurses, has been appointed superintendent of the South Mississippi Infirmary, Hattiesburg, Miss.

MISS GERTRUDE THOMPSON, Class of 1903, Lakeside Training-School, Cleveland, O., has accepted a position as head nurse of a medical ward in the Presbyterian Hospital, Chicago, Ill.

MISS MARY BROWNE, Johns Hopkins, Class of 1901, and Miss Elizabeth Griffin, Class of 1903, have taken positions under Miss Power at the new East End Hospital, Pittsburg.

MISS PAXTON, Garfield Hospital graduate, has resigned the position of superintendent of nurses of the Columbian University Hospital. She will enter the field of private nurses.

MISS ANNIE R. YOUNG, graduate and late assistant, New York Hospital, is now the superintendent of the General Hospital at Watertown, N. Y., assuming her new duties on October 1.

MISS EDA M. LUCAS and Miss Ella E. Stoltz, of Columbus, O., have returned from a six-months' trip through the West, California, Colorado, Kansas, and to the World's Fair.

MRS. McDONALD, of Buffalo, N. Y., and her little daughter spent a few days at the Nurses' Club of St. Mary's Hospital, Detroit, Mich., of which school she is a graduate.

MISS ROBINA STEWART, Johns Hopkins, Class of 1901, has left her position at the Johns Hopkins to become assistant to Miss Wood at the Bryn Mawr Hospital.

MISS VIRGINIA MACMASTER, Johns Hopkins Hospital, is in Philadelphia taking a course in physical culture and massage at Dr. Mitchell's Sanatorium.

MISS ELLEN LA MOTTE, Johns Hopkins, Class of 1902, has been appointed assistant to Miss van Blarcom at the St. Luke's Hospital, St. Louis.

MISS LENA BAUER, Garfield Hospital graduate, who was ill at Garfield Memorial Hospital during the summer, is much improved in health.

MISS MARTHA RUSSELL, New York Hospital graduate, is now in charge of the Sloane Maternity Hospital, New York City.

MISS URBAN, of St. Mary's Hospital, Detroit, Mich., has returned to Toledo, O., her former home, to do private nursing.

MISS HELEN GARDNER was appointed head nurse at the Home for Incurables, Washington, D. C., in June last.

MISS ELIZABETH FLAWS has resigned her position as superintendent of the General Hospital, Kingston.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING NOVEMBER 10, 1904.

ABEL, Rose E., transferred from the First Reserve Hospital, Manila, P. I., to duty at the General Hospital, Presidio, San Francisco, Cal., arrived on the Logan October 17.

Dobbratz, Huldine M., graduate of Carney Hospital, Boston, and head nurse at Long Island Hospital, Boston Harbor, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Flick, Lucile E. S., assigned to duty at the First Reserve Hospital, Manila. James, Agnes F., graduate of the Woman's Hospital, Philadelphia, with a post-graduate course at the Pennsylvania Hospital and duty at Dr. Kelley's private sanatorium of Baltimore, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Kirkpatrick, Marjorie, transferred from the General Hospital, San Francisco, to duty in the Philippines, sailed on the Sherman November 1.

McHugh, Cecilia, transferred from the General Hospital, San Francisco, to duty in the Philippines, sailed November 1.

Mann, Emilyn P., formerly on duty at the General Hospital, San Francisco, discharged, to be married.

Nagle, Mary E., graduate of the Erie County Hospital, Buffalo, appointed and assigned to duty at the General Hospital, San Francisco.

Purves, Mary Olive, formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Reynolds, Katharine R., transferred from the hospital at Iloilo, P. I., to the First Reserve Hospital, Manila.

Rohlf, Louise, transferred from the First Reserve Hospital, Manila, to Camp Connell, Calbayog, Samar, for temporary duty, from there ordered to report to the commanding officer at the hospital at Iloilo for duty.

Stockall, Gertrude M., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

Storry, Frances B., transferred from the First Reserve Hospital, Manila, to the United States on account of illness, arrived in San Francisco on the Logan October 17, ordered home for discharge.

Unger, B. Matilda, transferred from the General Hospital, San Francisco, to duty in the Philippines, sailed on the Sheridan October 1.

Wills, Edith M., transferred from duty as chief nurse at the Hospital at Iloilo to duty as chief nurse at the First Reserve Hospital, Manila, P. I.

APPLICATIONS for admission to the Army Nurse Corps, United States Army, should be addressed to Mrs. D. H. Kinney, Surgeon-General's Office, Washington, D. C. Circulars of information will be mailed upon application.

